

Treating hip impingement syndrome with open hip-joint surgery

NICE 'HealthTech guidance' advises the NHS on when and how new procedures can be used in clinical practice.

This leaflet is about when and how open hip-joint surgery can be used in the NHS to treat people with hip impingement syndrome. It explains guidance (advice) from NICE (the National Institute for Health and Clinical Excellence).

This HealthTech guidance makes recommendations on the safety of a procedure and how well it works. An interventional procedure is a test, treatment or surgery that involves a cut or puncture of the skin, or an endoscope to look inside the body, or energy sources such as X-rays, heat or ultrasound. The guidance does not cover whether or not the NHS should fund a procedure. Decisions about funding are taken by local NHS bodies (primary care trusts and hospital trusts) after considering how well the procedure works and whether it represents value for money for the NHS.

NICE has produced this guidance because the procedure is quite new. This means that there is not a lot of information yet about how well it works, how safe it is and which patients will benefit most from it.

This leaflet is written to help people who have been offered this procedure to decide whether to agree (consent) to it or not. It does not describe hip impingement syndrome or the procedure in detail – a member of your healthcare team should also give you full information and advice about these. The leaflet includes some questions you may want to ask your doctor to help you reach a decision. Some sources of further information and support are on page 7.



What has NICE said?

This procedure can be offered as a treatment option for people with hip impingement syndrome provided that doctors are sure that:

- the patient understands what is involved, is aware of the serious known complications, and agrees to the treatment knowing that there is only evidence for it working in the short and medium term, and
- the results of the procedure are monitored to gather longer-term data.

This procedure should only be performed by surgeons with specialist expertise in this type of hip surgery.

NICE encourages doctors to collect information on this procedure for the treatment of hip impingement syndrome. This research should focus on how to decide which patients should have this procedure and on long-term outcomes.



Open hip-joint surgery for hip impingement syndrome

The medical name for this procedure is ‘open femoro–acetabular surgery for hip impingement syndrome’.

The procedure is not described in detail here – please talk to your specialist for a full description.

Hip impingement syndrome is caused by unwanted contact between the top of the thigh bone and the hip socket. This results in ‘clicking’ of the hip joint, limited movement and pain, which can be made worse when the hip is bent or after sitting for a long time. The condition may be caused by an unusually shaped head or neck of the thigh bone or hip socket. Hip impingement syndrome is usually managed by changes to lifestyle and treatment with medicines. Patients who have developed arthritis of the hip may be offered hip replacement surgery.

The aim of open hip-joint surgery is to reduce pain and improve the hip-joint range of movement.

With the patient under general or regional anaesthetic, the joint is opened and dislocated so that the surgeon can see both of the bones of the hip joint. The surgeon removes some of the cartilage or bone around or within the joint, with the aim of reshaping it. Further surgery may be needed.

This procedure may not be the only possible treatment for hip impingement syndrome.

Your healthcare team should talk to you about whether it is suitable for you and about any other treatment options available.



What does this mean for me?

NICE has said that this procedure works well enough for use in the NHS, but there are serious known risks. If your doctor thinks open hip-joint surgery for hip impingement syndrome is a suitable treatment option for you, he or she should still make sure you understand the benefits and risks before asking you to agree to it.

You may want to ask the questions below

- What does the procedure involve?
- What are the benefits I might get?
- How good are my chances of getting those benefits? Could having the procedure make me feel worse?
- Are there alternative procedures?
- What are the risks of the procedure?
- Are the risks minor or serious? How likely are they to happen?
- What care will I need after the operation?
- What happens if something goes wrong?
- What may happen if I don't have the procedure?



You might decide to have this procedure, to have a different procedure, or not to have a procedure at all.

Summary of possible benefits and risks

Some of the benefits and risks seen in the studies considered by NICE are briefly described below. NICE looked at 8 studies on this procedure.

How well does the procedure work?

A study of 52 patients compared those who had the procedure with labrum repair (35 hips) versus the procedure with removal of the damaged part of the labrum (25 hips). The labrum is a ring of cartilage around the cup of the hip joint. Patients' symptoms had improved in both groups at around 2 years after the procedure, but the improvement in pain score was significantly better in the repair group.

In a study of 46 patients the average symptom score had improved at around 3 years after the procedure.

Another study, of 94 patients, reported better hip scores at around 2 years after the procedure. A study of 34 patients showed that activity had improved when checked at an average of 3 years after the procedure.

In the study of 46 patients, normal hip alignment was restored in all patients after the procedure.

As well as looking at these studies, NICE also asked expert advisers for their views. These advisers are clinical specialists in this field of medicine. The advisers said that key success factors were pain relief and delayed progression to osteoarthritis.



Risks and possible problems

There was no evidence of hip damage due to dislocation at the top of the thigh bone in 309 hips at a minimum of 2 years after the procedure.

In a study of 213 hips, abnormal bone formation in the muscles around the joint (known as heterotopic ossification) was found in 79 hips, at a minimum of 2 years after the procedure. In the same study, 2 patients had temporary weakness caused by nerve injury, which had settled within 6 months.

In another study, 9 out of 34 patients needed to have a screw removed because of pain, at an average of 8 months after the procedure. Three hips needed further corrective surgery in a study of 22 patients (29 hips).

As well as looking at these studies, NICE also asked expert advisers for their views. These advisers are clinical specialists in this field of medicine. The advisers said that problems include fracture, other hip problems including bursitis (inflammation), nerve injury, infection, deep vein thrombosis and accelerated osteoarthritis. A rare but serious problem is damage to the hip joint as a result of dislocation. Other problems might include recurrent dislocation after the procedure, bleeding and haematoma (a severe type of bruising).



More information about hip impingement syndrome

NHS Choices (www.nhs.uk) may be a good place to find out more. Your local patient advice and liaison service (usually known as PALS) may also be able to give you further information and support. For details of all NICE guidance on hip impingement syndrome, visit our website at www.nice.org.uk



About NICE

NICE produces guidance (advice) for the NHS about preventing, diagnosing and treating different medical conditions. The guidance is written by independent experts including healthcare professionals and people representing patients and carers. They consider how well an interventional procedure works and how safe it is, and ask the opinions of expert advisers. HealthTech guidance applies to the whole of the NHS in England, Wales, Scotland and Northern Ireland. Staff working in the NHS are expected to follow this guidance.

To find out more about NICE, its work and how it reaches decisions, see www.nice.org.uk/aboutguidance

This leaflet is about 'Open femoro–acetabular surgery for hip impingement syndrome'. This leaflet and the full guidance aimed at healthcare professionals are available at www.nice.org.uk/guidance/HTG270

You can order printed copies of this leaflet from NICE publications (phone 0845 003 7783 or email publications@nice.org.uk and quote reference N2607). The NICE website has a screen reader service called Browsealoud, which allows you to listen to our guidance. Click on the Browsealoud logo on the NICE website to use this service.

We encourage voluntary organisations, NHS organisations and clinicians to use text from this booklet in their own information about this procedure.

National Institute for Health and Clinical Excellence

MidCity Place, 71 High Holborn, London, WC1V 6NA; www.nice.org.uk



Corporate member of
Plain English Campaign.
Committed to clearer communication.

197

© National Institute for Health and Clinical Excellence, 2011. All rights reserved. This material may be freely reproduced for educational and not-for-profit purposes. No reproduction by or for commercial organisations, or for commercial purposes, is allowed without the express written permission of NICE.

