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What Factors Influence Long-term Survivorship After Hip Arthroscopy?

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Objective: Hip arthroscopy is an evolving procedure. One small study suggested that a low modified Harris hip score and arthritis at the time of surgery were predictors of poor prognosis. We therefore intended to confirm those findings with a large patient cohort to (1) determine the long-term nonarthritic hip score; (2) determine survivorship; (3) identify risk factors that increase the likelihood of THA; and (4) use those factors to create a usable risk assessment algorithm.

Study Design: We retrospectively reviewed 324 patients (340 hips) who underwent arthroscopy for pain and/or catching. Of these, 106 patients (111 hips or 33%) had a minimum followup of 10 years (mean, 13 years; range, 10–20 years). The average age was 39 years (± 13) with 47 men and 59 women. We recorded patient age, gender, acetabular and femoral Outerbridge grade at surgery, and the presence of a labral tear. Followup consisted of a nonarthritic hip score or the date of a subsequent THA. We determined survivorship with the end point of THA for the acetabular and femoral Outerbridge grades.

Results: Overall survivorship among the 111 hips was 63% at 10 years. The average nonarthritic hip score for non-THA patients was 87.3 (± 12.1). Survivorship was greater for acetabular and femoral Outerbridge grades normal through II. Age at arthroscopy and Outerbridge grades independently predicted eventual THA. Gender and the presence of a labral tear did not influence long-term survivorship.

Conclusions: The long-term survivorship of labral tears with low-grade cartilage damage indicates hip arthroscopy is reasonable for treating labral tears.

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