



Your Health ~ Our Mission

THE SAN ANTONIO ORTHOPAEDIC GROUP[®]

Since 1947

Femoroplasty and Acetabuloplasty

Initial treatment measures for FAI are non-operative including rest, activity modification, and physical therapy to strengthen the core musculature and muscles around the hip. Injections into the hip may also be used for diagnostic and therapeutic purposes, but if a patient continues to have pain surgery is usually recommended to correct the bony conflict. A work-up prior to surgery includes a physical exam by a specialist, radiographs (XR) of the hip and pelvis, and typically a magnetic resonance imaging (MRI) study to detail the damage to the cartilage and labrum. The patient's history, physical exam, and imaging are used together to make the diagnosis of FAI.

If surgery is indicated, this can be accomplished arthroscopically by a specialist utilizing two small incisions. A camera is introduced into the hip to visualize the damage while the other incision is used to insert instruments to perform the procedure. A femoroplasty is performed in the setting of Cam impingement which consists of using small instruments to remove the bony abnormality (Cam lesion) on the femur and reshape the femoral head and neck junction into a normal sphere. An acetabuloplasty entails taking away the area of over coverage on the acetabular side to relieve the bony impingement and create space allowing normal motion of the hip. Cases of mixed type impingement may require both a femoroplasty and an acetabuloplasty, which can be performed during the same surgery. In addition, damage to the labrum and cartilage are also addressed arthroscopically during the operation. Patients may either go home the same day or spend one night in the hospital depending on the specific procedure required.

Rehabilitation includes a focused program with a physical therapist starting immediately after surgery. This includes working on regaining motion of the hip while protecting any repairs. Patients are typically on crutches for 3 – 8 weeks depending of what type of procedure was necessary and are also placed in a brace to protect their hip during healing. The results from femoroplasty and acetabuloplasty (with labral repair if needed) have been very promising with a majority of the patients being satisfied with the procedure, having improvements in pain, and returning to their activities.