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Hip Procedure Relieves Pain, Postpones Replacement for Some

By Leslie A. Whitlinger

After the red-eye from LA to Dulles, 34-year-old Eric Olson expected to be a little stiff. But as he rose from his seat, a sudden, stabbing pain in his groin nearly took his breath away.

"I've never felt anything like it," he said. "I could barely stand and was struggling to walk. I actually wondered whether my first stop on the way home should be the hospital."

Instead, he decided to give it some time. Three days later, still stiff but in less pain, Eric went to his doctor for help. But he wouldn't find relief until he landed in the hands of MedStar Georgetown Orthopaedic Institute's William Postma, MD, months later.

That's not unusual for people suffering from femoroacetabular impingement (FAI), the condition Eric didn't know he had.

"Its symptoms mimic those of other disorders," explained Dr. Postma, who specializes in sports medicine. "The pain and discomfort from FAI are often misdiagnosed and treated as a muscular problem or a groin pull. The only way to get an accurate diagnosis is through a combination of imaging, a detailed physical exam and listening carefully to a patient's complaints."

Eric Olson is walking, running and pain-free for the first time in six months.

FAI is caused by structural abnormalities in the hip's ball-and-socket joint. Either the surface of the ball (the head of the thigh bone) or the cup-like socket that surrounds it is slightly misshapen, so that the two parts don't form a smooth, tight fit. In many cases, both parts of the joint are affected. Over the years, the resulting friction wears away and sometimes tears the protective cartilage, often causing stiffness, pain in the groin, limping and, eventually, arthritis. If more conservative approaches fail, the only other option is surgery to reshape the joint. Left alone, the damage can progress until hip replacement is needed.

Photo courtesy of Eric Olson

▲ Eric Olson enjoys going through his physical therapy routine following hip surgery that resolved femoroacetabular impingement (FAI) – a deformation of the hip ball-and-socket joint.

For Eric, the conservative options – including cortisone shots, anti-inflammatories and weeks of extensive physical therapy – were simply not working. So his savvy therapist recommended he seek another opinion and knew just the doctor for the job: Dr. Postma – one of only a handful of orthopaedic surgeons in the metropolitan area to tackle FAI minimally invasively with hip arthroscopy.

"The hip is technically more difficult to approach arthroscopically than either the knee or shoulder, because of the depth of the soft tissue separating the surgeon from the target," said Dr. Postma. "Yet arthroscopy is better for eligible patients than open surgery, with a faster recovery time and return to full function."

Last spring, Dr. Postma made three small incisions in Eric's thigh to reach the damaged joint with miniaturized cameras and tools. He then resculpted Eric's femur, rounding it to fit more smoothly in the cup and repaired a tear in the connective tissues lining the pelvic socket. Altogether, the outpatient procedure took less than three hours, after which Eric went home on crutches and used them for about a month.

Aggressive physical therapy followed for the avid golfer and softball player. While he's not yet back to his sports, he is walking, running and pain-free for the first time in six months, and should remain so for a long time to come. Studies show that 80 to 90 percent of patients undergoing minimally invasive arthroscopy for FAI continue to do well three to five years out. Longer-term results are not yet available.

Today, Eric can't say enough good things about Dr. Postma and MedStar Georgetown. "The difference between Dr. Postma and my first two physicians was like night and day," Eric said. "He listened attentively, knew what I needed and how to do it."

Dr. Postma added, "Our immediate goal is to relieve pain, return people to their activities and delay the onset of hip arthritis. Our ultimate hope is to postpone or possibly even prevent hip replacements by intervening early in patients with FAI pain."