The Hip & Knee Clinic

NEWSLETTER

OUR LOCATIONS

Princess Grace Hospital – 42-52 Nottingham Place, London W1U 5NY.

Princess Grace Outpatients 30 Devonshire Street London W1G 6PU

Nuffield Health Wessex Hospital – Winchester Road, Chandler's Ford, Eastleigh, SO53 2DW.

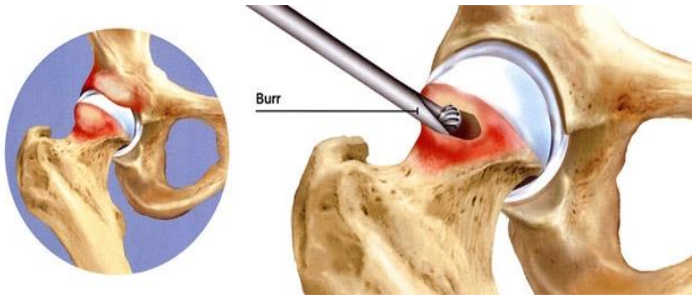
Highgate Hospital – 17-19 View Road, Highgate, London, N6 4DJ

Spire Southampton – Chalybeate Close, Southampton, SO16 6UY

Femoro-Acetabular Impingement (FAI)

What is Hip Impingement or FAI?

Femoro-Acetabular Impingement (FAI or Hip impingement) is caused when excess bone around the hip joint 'impinges' or 'catches' and causes pain. Pain is usually felt in the groin and can be worse in certain movements e.g. getting in and out of a car, or bending down, when the hip is in flexion and rotation. The condition has no specific cause, although it is seen more in athletic patients. The excess bone is most commonly on the femoral head (CAM deformity), but may also be around the hip socket (Pincer), or both.



A picture of the hip impingement lesion and how the excess bone is removed.

Anatomy

In arthritis we know that the joint becomes worn out leading to exposed bone and severe pain. The key anatomical structure in FAI is the labrum or lining of the hip joint. The labrum helps to stabilise the hip joint and increase joint surface area. In FAI there is constant friction on the labrum leading to wear and detachment. Once the labrum is detached, the joint surface at the junction between the edge of the joint and labrum (chondrolabral junction) becomes exposed and the degenerative process starts.

The Importance of early diagnosis

The condition can cause pain and limitation of activities, e.g. during walking or exercise, or preventing work. In a proportion of patients it is the start of progression to arthritis of the hip joint.

How is it diagnosed?

Clinical assessment will reveal an irritable hip joint with pain on flexion and internal rotation. Radiographs of the hip will demonstrate excess bone. MRI gives the most detailed information, demonstrating any bony abnormality, labral tear, and cartilage damage.

MRI showing detached labrum (arrow)

What can be done?

The simplest treatment is activity modification. A reduction in activities that precipitate the pain include avoiding deep flexion (e.g. squats) of the hip and repetitive friction (e.g. running). Physiotherapy can be helpful to show alternative exercises and build up the hip abductor muscles.
However, if conservative measures fail and symptoms become prevalent on a regular basis then hip arthroscopy (keyhole surgery of the hip) is performed to remove excess bone, repair the torn labrum, and treat any cartilage damage.

Arthroscopy image showing torn chondral surface at the chondrolabral junction

What are the benefits of treatment?

Treating the condition early has the best chance of a good outcome before irreversible damage occurs in the hip joint. The benefits of treatment include pain relief and return to activities. Removing the impingement can also delay or halt the progression to arthritis of the hip.

Referrals:

Referrals can be made by contacting us on the numbers and email address below.
Alternatively please address all correspondence to ;

Nuffield Health Wessex Hospital
Winchester Road,
Chandler's Ford, Eastleigh,
SO53 2DW.