# Where We Will Be In 10 Years

# Advancing Arthroscopy


## Marc J. Philippon, MD

## Vail, CO


| FEATURE | OPEN Procedures | ARTHROSCOPIC Approach |
|---|---|---|
| **BEST INDICATIONS** | LABRAL TEARS WITH EXTREME STRUCTURAL DEFORMITIES:<br>• Severe SCFE<br>• Severe femoral anteversion<br>• Moderate to severe acetabular dysplasia with associated cam | LABRAL TEARS WITH MILD STRUCTURAL DEFORMITIES:<br>• Focal retroversion<br>• Localized bump |
| **CONFLUENT INDICATIONS** | MODERATE DEFORMITIES<br>• Coxa profunda<br>• Cam deformity (moderate and mild SCFE) | MODERATE DEFORMITIES<br>• Coxa profunda<br>• Cam deformity (moderate and mild SCFE) |
| **POSSIBLE PROCEDURES** | 1. FEMORAL OSTEOPLASTY<br>2. ACETABULAR RIM TRIMMING<br>3. LABRAL DEBRIDEMENT, REPAIR OR RECONSTRUCTION<br>4. TENOTOMIES<br>5. SYNOVECTOMY<br>6. FEMORAL NECK OSTEOTOMIES<br>7. ACETABULAR OSTEOTOMIES<br>8. ACETABULAR AND FEMORAL HEAD CARTILAGE TREATMENT<br>Microfracture<br>Mosaicplasty<br>Chondrocyte implantation | 1. FEMORAL OSTEOPLASTY<br>2. ACETABULAR RIM TRIMMING<br>3. LABRAL DEBRIDEMENT, REPAIR OR RECONSTRUCTION<br>4. TENOTOMIES<br>5. SYNOVECTOMY<br>6. ACETABULAR AND FEMORAL HEAD CARTILAGE TREATMENT<br>Microfracture<br>Mosaicplasty<br>Chondrocyte implantation<br>7. LIGAMENTUM TERES DEBRIDEMENT<br>8. CAPSULAR PLICATION AND THERMAL CAPSULORRAPHY |
| **PITFALLS** | 1. LARGE INCISION<br>Scar<br>2. TROCHANTERIC OSTEOTOMY<br>Less aggressive rehabilitation<br>Longer times on crutches<br>Pain<br>Non-union<br>Hardware removal<br>3. LIGAMENT TERES RESECTION<br>Potential micro-instability<br>4. INTRA-ARTICULAR DISSECTION<br>Adhesions<br>5. EXPOSURE OF THE RETINACULAR VESSELS<br>Risk of AVN | 1. STEEP LEARNING CURVE<br>2. SPECIALIZED INSTRUMENTATION<br>3. COMPLICATIONS RELATED TO JOINT DISTRACTION<br>4. POTENTIAL DIFUCULTY TO DETERMINE ADEQUATE LOCATION AND AMOUNT OF BONE RESECTION<br>5. LIMITED VIZUALIZATION OF SOME PARTS OF THE FEMORAL HEAD<br>6. INABILITY TO CORRECT MAJOR STRUCTURAL DEFORMITIES (Femoral anteversion//Acetabular Dysplasia) |
| **ADVANTAGES** | 1. VISUALIZATION OF THE ENTIRE FEMORAL HEAD<br>2. ALLOW FOR REORIENTING OSTEOTOMIES IN THE FEMUR AND ACETABULUM.<br>3. ALLOWS DYNAMIC TESTING | 1. SMALL INCISION<br>2. MAGNIFICATION ALLOWS FOR BETTER APPRAISAL OF THE LABRAL AND CARTILAGE CONDITION<br>3. PRESERVATION OF THE LIGAMENTUM TERES<br>4. FAST RECOVERY<br>5. EARLY WEIGHT BEARING AND MRE AGRRESIVE REHABILITATION<br>6. LOWER INCIDENCE OF ADHESIONS<br>7. ALLOWS DYNAMIC TESTING |

## Advancing Arthroscopy – Address common pitfalls

1. Learning Curve – Provide more training opportunities for young physicians. Provide levels of training so earlier learner doesn't start with the advanced procedures
2. Specialized instrumentation – continue innovation
3. Complications related to joint distraction – Train surgeons how to manage time under traction. Develop new methods of traction.
4. Avoid excessive or not enough bone resection – Train surgeons to use dynamic exam every time and to do osteotomy as steps (burr then dynamic exam) to determine the ideal resection.
5. Visualization: New tools and techniques will all allow for increased visualization

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