

Labral Debridement, Labral Reconstruction or Labral Repair in Revision Hip Arthroscopy

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Instructional Course Lecture #16: Revision Hip Arthroscopy: Pearls and Pitfalls of the Labrum,
Articular Cartilage, Capsuloligamentous Complex, Residual Impingement, Extraarticular

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REVISION HIP ARTHROSCOPY:

- What Hurts?

- Difficult answer
 - Case series with multiple procedures don't have a control group
 - Most commonly residual FAI
 - Degenerated labrum may have a role

- Revision surgery Goals:

- 1) Pain free patient
- 2) Biomechanical reconstruction of labrum function (focal debridement, repair or reconstruction) - Delay OA?

- Labral Management options:

1) Debridement

- Focal intrasubstance degeneration, labral cysts
- Do not disrupt labral seal
- Controversial literature about potential labral regeneration
- Pain relief may be more predictable than repairing, but primary surgeries show better results repairing
- May be difficult to judge if it is a healthy labrum

2) Repair

- Previous failure of repair
 - Technical failure/ knots
 - Anchor pullout
 - Non-healing (rehabilitation?)
 - Knot granuloma
- “Repairable labrum”
 - Sometimes difficult to judge
 - Which labrum is too bad to be preserved?
 - Is it degenerated and will keep as a pain generator?
 - Surgeons may be more comfortable to reconstruct it fearing postop pain
- Advantage of maintaining original labrum, seal and functions

3) Reconstruction

- Absent, irreparable, deficient or previously resected labrum
- Loss of labral seal
- “The labral damage is too severe or the tissue itself is too large or degenerative (> 10 mm) or too small or diminutive (< 3 mm)” (White, 2015)

- “Hypotrophic labrum (≤ 5 mm of width), irreparable/complex tear and capsulolabral adhesions. A complex tear refers to a tear that completely disrupts the fibers.” (Geyer, 2013)
- Difficult concept of pathological X normal adhesions
- Improve joint pressurization and stability to distract joint
- Early post op pain relief may be more predictable

- Options:

- Autologous

- Advantage

- Versatile: intraop decision depending on labrum condition

- Disadvantages

- Harvest incision/ damage, time consuming, technical challenging, tissues don't have identical anatomy and properties of the native labrum
 - Success based on clinical data, no *in vivo* labral healing/ metaplasia or function proof

- Types of grafts

- Iliotibial band
 - Fixation technique
 - ❖ Front and back, then in between (Philippon)
 - ❖ Front to back (White)
 - Indirect head of rectus femoris
 - Gracilis

- Allograft

- Labrum allograft
 - May have a better function than other grafts
 - No harvest
 - Allograft immunogenic issues, diseases and infection
 - Semitendinous/ gracilis allograft
 - Iliotibial band allograft

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