THE INTERVENTIONAL ORTHOPEDICS SOLUTION FOR

HIP LABRUM TEARS

Regenexx®

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In interventional orthopedics, we recognize that the body is actually one interconnected machine, not a collection of individual parts and pieces. The hip, knee, ankle and foot are all controlled by spinal nerves in your low back and operated by an interconnected system of tendons and ligaments, which work as finely orchestrated interconnected pulleys. With this focus in mind, we know an issue in the hip (e.g., arthritis or injury) can affect anything up (e.g., spine) or down (e.g., knee and foot) the musculoskeletal chain. And, likewise, a problem in the spine, knee, ankle and so on can affect the hip.

The hip joint is a ball-and-socket structure. The hip labrum is the lip around the socket that the ball of the femur fits into to form the hip joint. It helps stabilize the joint, and it can be traumatically torn, or more commonly, it develops tears over time due to aging. When a bone spur develops on either the ball or the socket, this is called a femoroacetabular impingement (FAI), or a hip impingement. With an impingement, the concept is that you have a misshapen ball or socket that is somehow damaging or creating tears in the hip labrum.

Surgeons like to go in and surgically reshape all of this, cut off the bone spurs, and cut out or rebuild the torn pieces of the labrum, while in interventional orthopedics our focus is on nonsurgically treating not just the hip but the whole musculoskeletal system.

While there are many problems that can occur in the hips, this report will focus on the differences in the surgical and interventional orthopedics approaches to hip labrum tears.

The Surgical Approach to Hip Labrum Tears

Hip arthroscopy rates have exploded over the last decade. Fifteen years ago, no one had hardly heard of hip arthroscopy, and operating on the hip was limited to a few superficial or muscle procedures or a hip replacement. Despite this explosion, we still have little high-level evidence that these surgeries work well, and, in fact, we are seeing research showing many problems with hip-labrum-tear surgeries.

The Hip Labrum Tear May Not Be the True Source of the Pain

Hip labrum tears may not be why your hip hurts. This is perhaps the biggest problem with hip labrum surgery: the assumption that hip pain is due to labrum tears. Hip labrum surgery shouldn't be performed based only on MRI findings of a labrum tear and a quick exam. Many patients these days often see a surgeon who spends more time looking at the MRI than performing an examination.

A study a few years ago found that 73% of patients without hip pain had abnormal hip MRI findings and patients over the age of 35 were more likely to have abnormalities, showing a 13.7 times greater likelihood of having cartilage defects and 16.7 times greater chance of having a bone cyst! Many more studies exist showing no association between hip pain and labrum tears. Subjects in the studies had no hip pain and no history of hip pain, yet the

studies did show, even in patients under 40 years old, labrum tears in the majority of the subjects. We also have research that shows that patients with hip pain have no more tears in that structure than patients who have no pain. So in many cases, a labrum tear is likely an incidental finding of a hip with wear and tear, not a reason in and of itself to plan surgery.

Despite this, "hip labrum mania" persists, meaning patients are told they have a labral tear on MRI, so they sign up for a big surgery to repair the tear as well as to reshape the hip socket when there is associated hip impingement and bone spurs. It doesn't stop there: we see the same type of mania in the case of hip replacements, meaning patients with hip pain are told that they needed a hip replacement when, in fact, it turns out the hip isn't the true source of the pain. Hip labrum surgery comes with many side effects, pain, and long recovery times, so whatever the hip surgery, obviously, if the source of the pain isn't the hip itself, clearly this makes the hip surgery unnecessary.

So where is the hip pain coming from if the root problem isn't truly located in the hip? Hip surgery won't work if the problem isn't really in your hip, and many times the problem is actually in the low back. It's going to take a more comprehensive exam than just an MRI to determine this; however, for the patient's benefit, it's better to put more exam time in on the front end than to operate on something that doesn't actually need to be operated on.

Surgery Creates Hip Instability, Leading to Arthritis

Hip labrum surgery complications can make the hip unstable. One of the more common procedures is to "fix" the labrum tear and remove bone spurs from the hip in a procedure that is usually called a labral reconstruction or repair. We have good evidence that at least one bone spur type (pincer deformity or impingement) forms to protect the joint cartilage by solving instability, so removing the bone spur isn't usually a good idea as it reintroduces the instability the bone spur initially formed to fix.

Hip arthroscopy has been the single fastest growing type of orthopedic surgery of the last decade, and the most common reasons why someone would undergo a hip arthroscopy surgery today are either a labral tear or impingement. The arthroscopic procedure used for a hip labrum surgery stretches the ligamentum teres, the important hip ligament that is meant to stabilize the joint. It also causes the large femoral nerves that supply the quadriceps muscle to lose the ability to conduct signals, so the nerve must be carefully monitored to prevent permanent nerve damage.

Hip arthroscopy utilizes a distraction unit that uses 60–80 pounds of traction to partially pull the ball out of the hip socket to create enough room in the normally very tight hip joint to allow the arthroscope and tools to enter. This process stretches the ligamentum teres, damaging it and creating overall hip instability. When the hip is unstable, as the joint moves too much, this extra motion causes more wear-and-tear arthritis. The outcomes of the procedures aren't generally very good when any arthritis is present, which is a problem for many hip arthroscopy patients.

Arthroscopy Portal Syndrome Can Cause More Pain

Hip labrum surgery is typically performed via arthroscopy, which requires the creation of portals through the skin and tissue through which the arthroscope and tools can be inserted to access the hip joint. This can potentially cause entrapped nerves within the portals disabling them from healing following surgery. This is called arthroscopy portal syndrome, and it can cause severe hip pain until the nerves are released.

There are ways, in most cases, to avoid hip labrum surgery, and this involves interventional orthopedics solutions.

The Interventional Orthopedics Approach to Hip Labrum Tears

The interventional-orthopedics solution for hip labrum tears uses advanced orthobiologics, such as high-dose platelets or stem cells to treat the tear. It is complex and training intensive to place high-dose platelets or stem cells into a specific spot in the body, and the treatment isn't something your family doctor, a physician extender at a chiropractic office, or an orthopedic surgeon typically knows how to do. Simple injections, either blind or with ultrasound are quite different from the interventional-orthopedic procedures we're talking about here.

Ninety-nine percent of all the injections that you could get in your hip tomorrow aren't specifically targeting tears in your hip labrum. In fact, 99% of the physicians wouldn't have any idea how this is done. Precise hip-labrum stem-cell-injection procedures aren't taught in medical school or any residency program as of 2017. In fact, the only structured course-work we know of right now is either through the Interventional Orthopedics Foundation (IOF) or one of a handful of interventional-orthopedic fellowship programs. There are a couple of good videos that explain and show the preciseness of an advanced orthobiologic procedure and hip labrum tear stem cell procedure at this link.

We've been using precise platelet rich plasma (PRP) and stem cell injections for hip labral tears for many years with promising outcomes. This data has been reported as part of the larger research paper we published on hip arthritis. Research on injections to avoid hip labral tear surgery was also reported at the 2015 meeting of the Association of Academic Physiatrists (AAP). The small study found that PRP injections placed under ultrasound guidance could reduce pain in as little as two weeks in labral tear patients. This approach, as we have always preached, reduces down time and is much, much less invasive than surgery.

In the world of hip labrum stem cell procedures, you will encounter many types of clinics, and it's important that you understand what's out there:

The magic-IV-stem-cell clinic. This is usually a fat-based stem cell clinic that will hang an intravenous (IV) drip of stem cells and tell you that these cells will find their way to your hip labrum. The problem here is that 97% of these IV stem cells will end up in your lungs,

and since the hallmark of nonhealing labral tissue is that it has a poor blood supply, it's very unlikely that many, if any, of the remaining 3% of cells will end up in your hip labrum.

The little-bedside-centrifuge-that-could clinic. This clinic's physician uses a one-size-fits-all bedside centrifuge to process bone marrow cells. The problem with this is that in interventional orthopedics, we don't believe in one size fits all. Stem cell processing and treatment (for the hip labrum or any other orthopedic treatment) should be maximized and customized to each individual patient and his or her specific issues.

The blind-injection clinic. This doctor doesn't use any imaging guidance. Instead, the doctor just blindly sticks the needle somewhere in the vicinity of the hip labrum (or any other area), making the likelihood that he or she gets any stem cells into the labrum slim.

To make sure the platelets or stem cells get to the precise location intended, the physician has to be an expert in advanced orthobiologic injections using both ultrasound and fluoroscopy with contrast.

Additionally, if the hip pain is determined to be rooted in the spine, the whole-body approach to examination used in interventional orthopedics will pinpoint this issue, and advanced orthobiologics can be used to treat the spine as well.

Steroids, NSAIDs, and Other Drugs Not Recommended

Other treatments you will likely be presented with in the traditional orthopedics model for hip problems include steroid shots or pain medications, such as nonsteroidal anti-inflammatory drugs (NSAIDs) and opioids. NSAIDs come with a long and growing list of dangerous side effects, such as sudden-death heart attacks, stroke, and GI bleeding, and addiction and overdose due to prescription opioids have reached epidemic proportions in the U.S.

Steroid shots have been shown to destroy local cartilage in the joint (which can only progress arthritis) while providing no significant pain improvement. And the list of problems with steroid injections just keeps growing:

Steroid injections weaken the tendons.

Steroid injections damage tissues.

Steroid injections are toxic to joint cartilage cells.

Steroid injections kill stem cells.

Steroid injections suppress brain function.

Some supplements can be a good alternative for pain and inflammation. Chondroitin and glucosamine have been shown to be effective pain relievers, and they preserve cartilage. Curcumin can also relieve pain from arthritis and other issues.

Conclusion

For the patient's benefit, it's better to put more exam time in on the front end than to operate on a hip labrum that doesn't actually need to be operated on. The hip is tuned to micromillimeter precision, and trying to rearrange the biomechanics of the hip or any part of the musculoskeletal system with surgery is almost always a terrible idea. It's also important to understand that where it hurts may or may not be where the primary damage is located. If you have hip pain and treatment there is having no effect, ask your doctor to take a closer look at your back before you make the drastic decision to undergo any invasive surgery.

Taking care of a hip problem while it's a small problem, when the issue first appears, will be much easier than trying to take care of it when it becomes a big issue. While conservative options may provide some relief in some cases if the problem is actually rooted in the hip, if the problem is rooted further up the kinetic chain, such as in the back, or conservative options have failed, first seek nonsurgical interventional orthopedics solutions.

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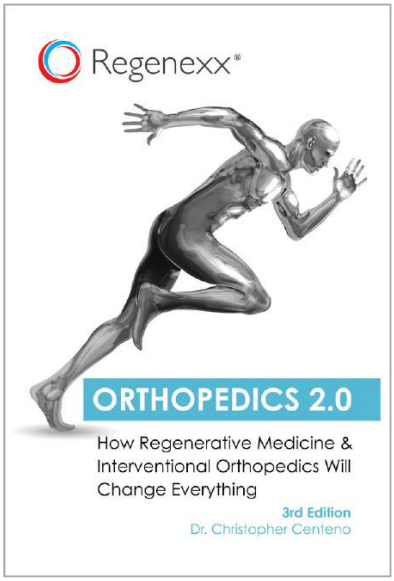
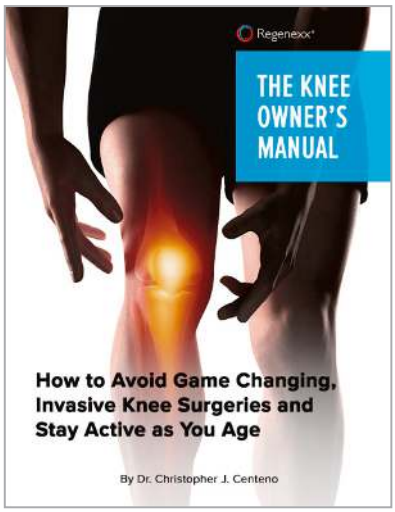
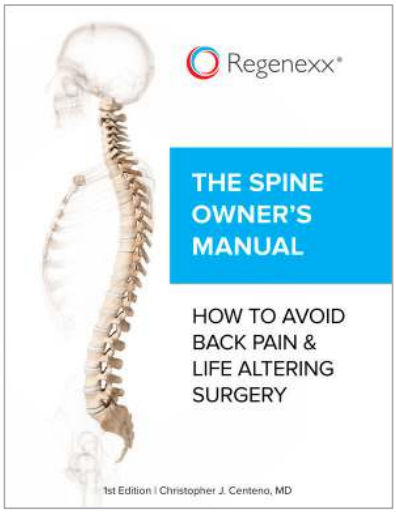


The Knee Owner's Manual Book



The Spine Owner's Manual



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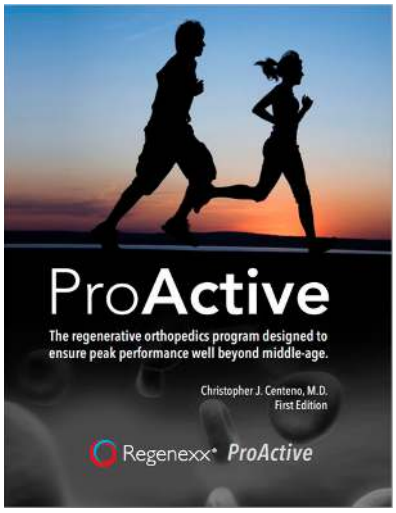

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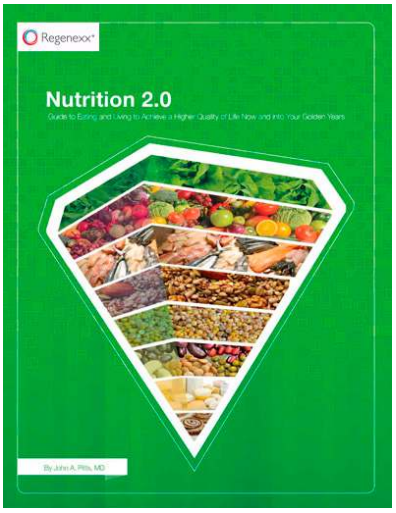

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