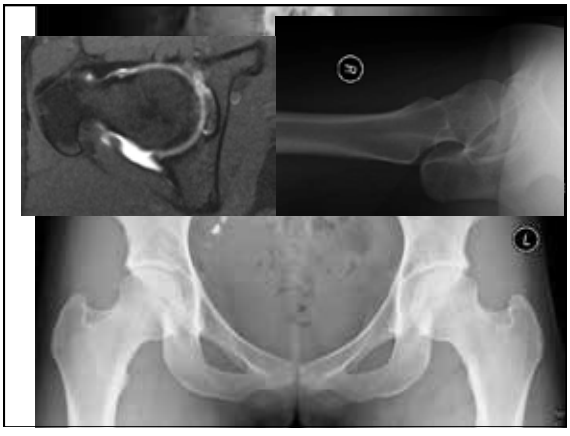
Indications for Open Management of FAI

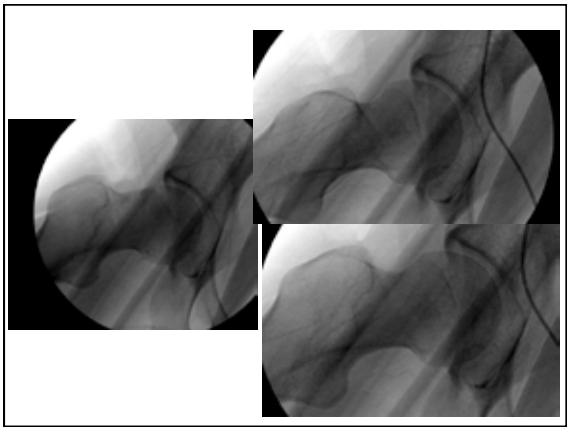
Michael D. Stover, MD
Professor, Feinberg School of Medicine
Northwestern University

Principles of FAI Treatment

- Identify morphologic abnormalities, variants
- Understand how each impacts clinical presentation and joint damage
- Correction of pathomorphology
- Repair labral damage, adequately address cartilage damage

*Indications for surgery the same, techniques different





Pathologies most commonly reserved for open management

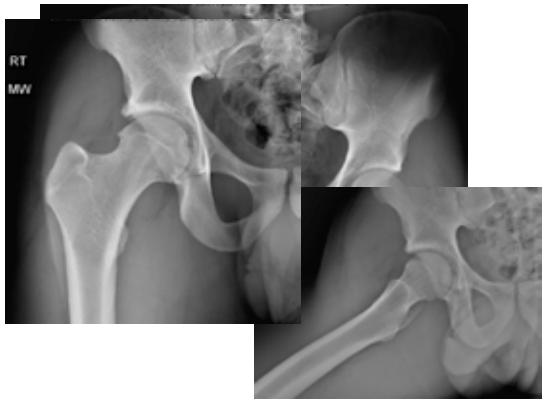
- Pathoanatomy not easily accessible by arthroscopic tools
  - Posterolateral extension of the cam deformity
  - Global acetabular overcoverage
    - Complete Labral reconstruction
- When reconstruction (not only resection) is needed
  - Usually with acquired deformities
    - SCFE
    - Perthes
- Address chondral defects (esp femur)
- Extra – articular impingement (specifically trochanteric)
- Very young patients
- Failed arthroscopic surgery

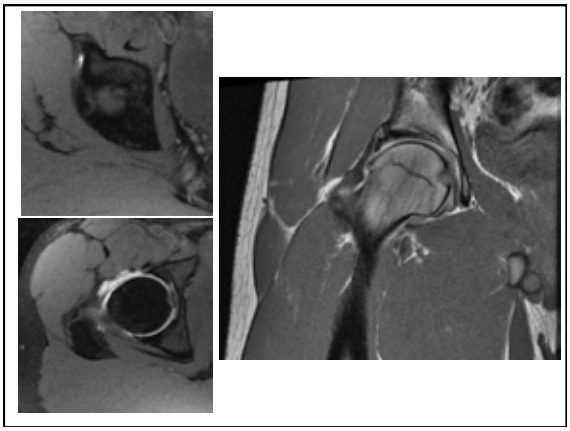
Impingement

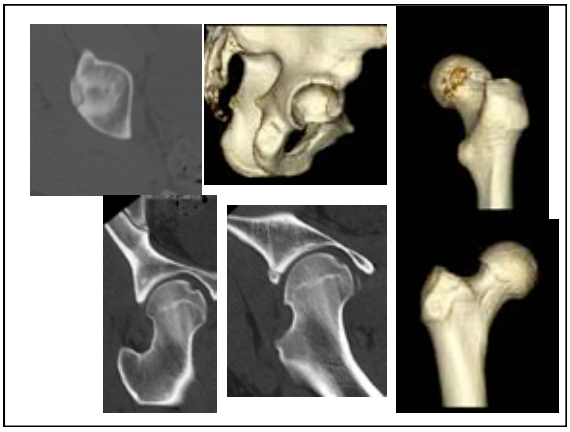
- Dynamic process
  - Open surgery allows dynamic assessment prior to and following definitive surgical treatment.
  - Arthroscopic surgery demands understanding of the pathoanatomy and correction based on this. Dynamic evaluation difficult
  - The decision for treatment lies with the surgeons assessment of their ability to completely correct the underlying cause of FAI

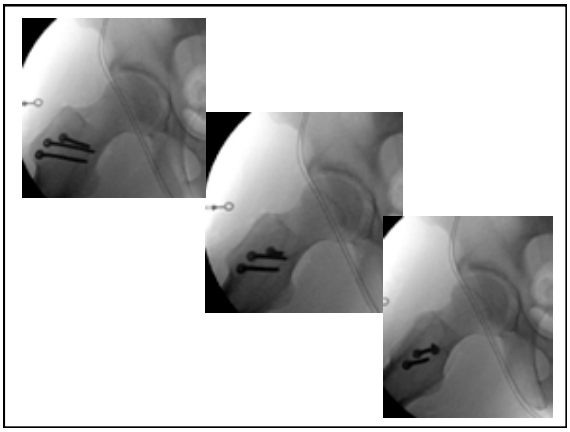
Examples

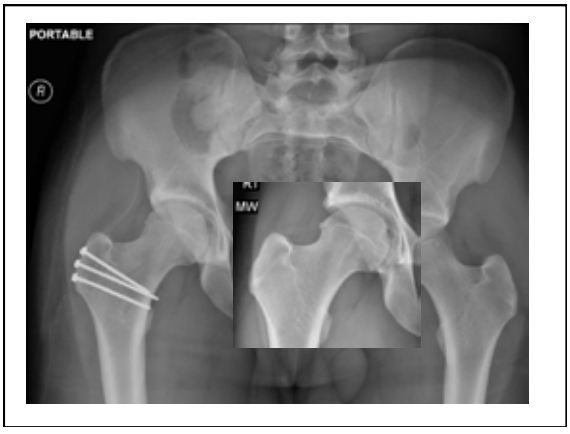
- 23 y/o club soccer player
- 1 yr Right Groin pain
- Exam with diminished IR
  - anterior impingement, no lateral impingement



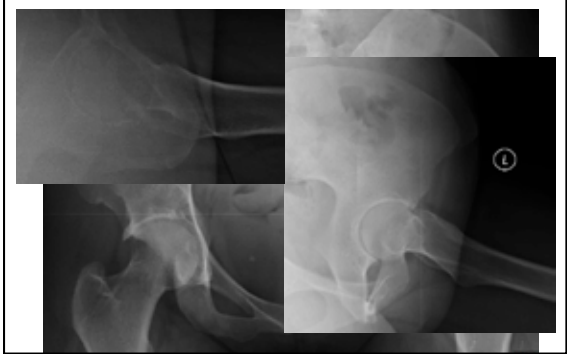


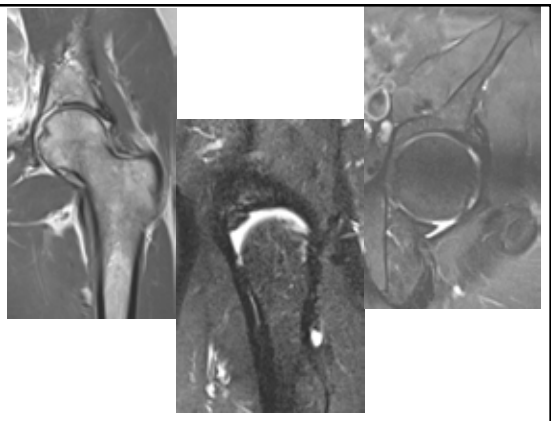


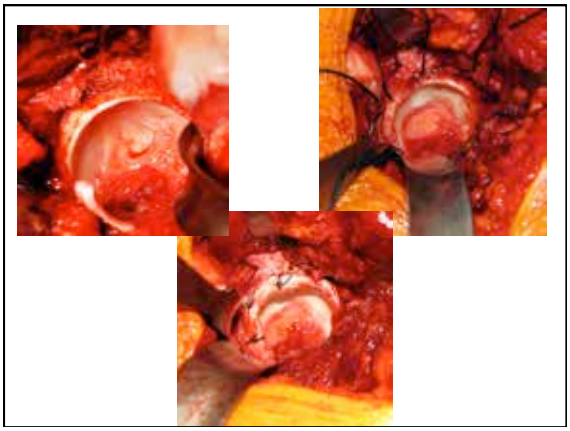


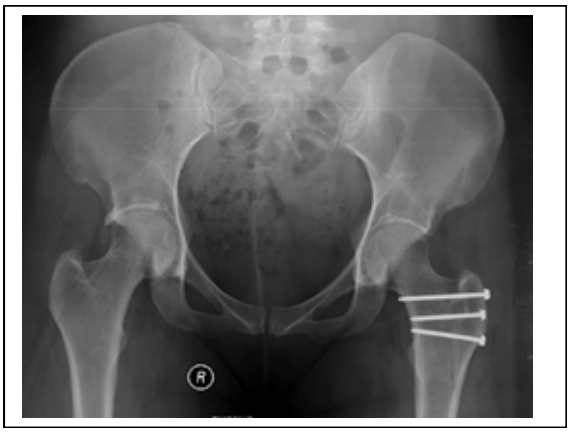

PORTABLE
R
MW

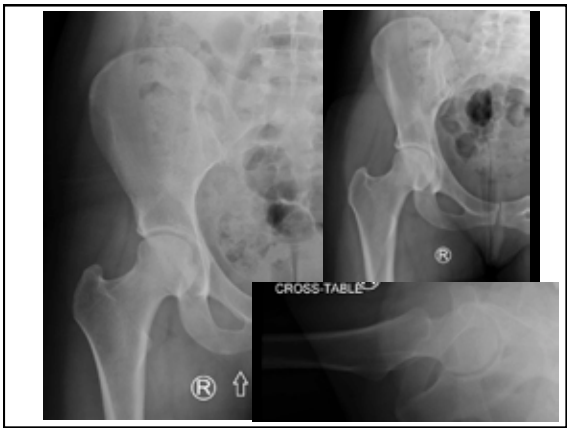
36 y/o with L > R groin pain

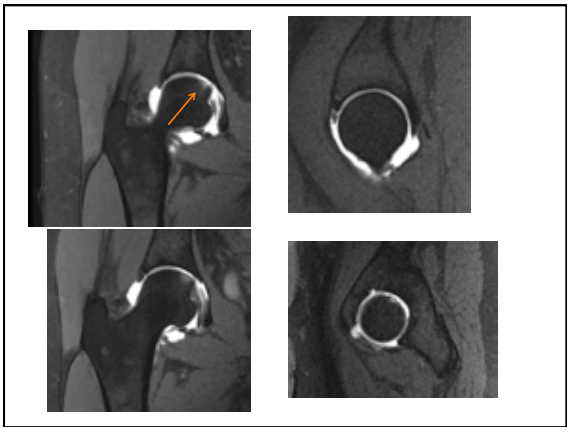


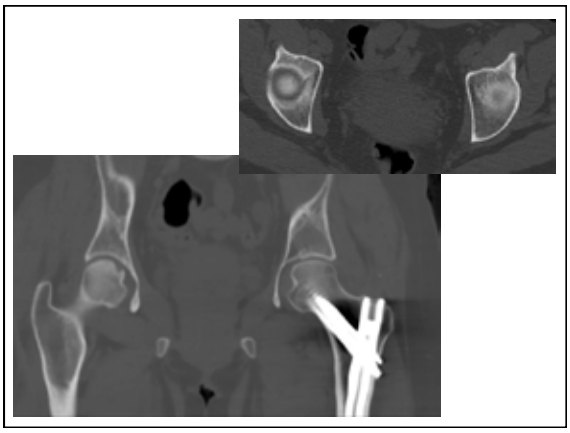


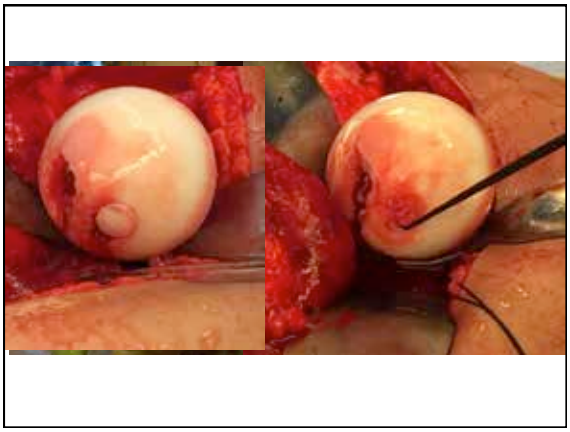


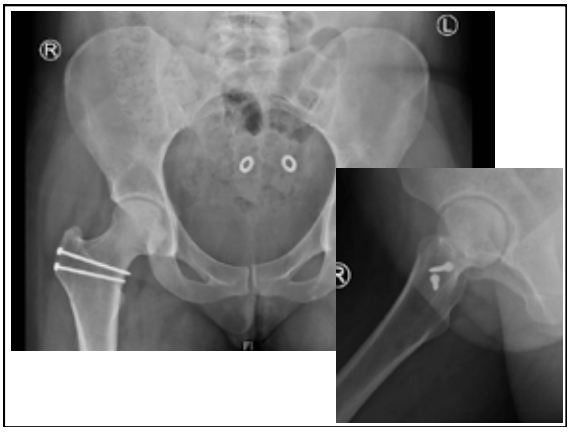


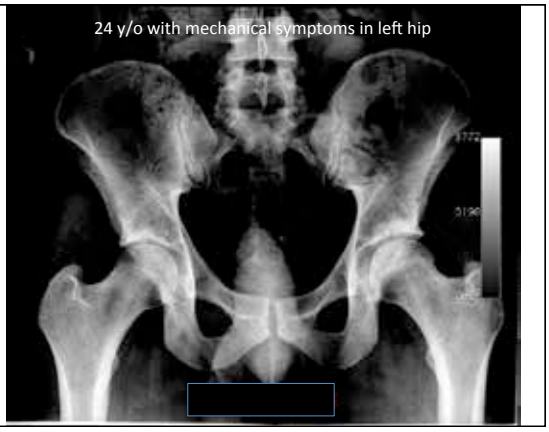

CROSS-TABLE

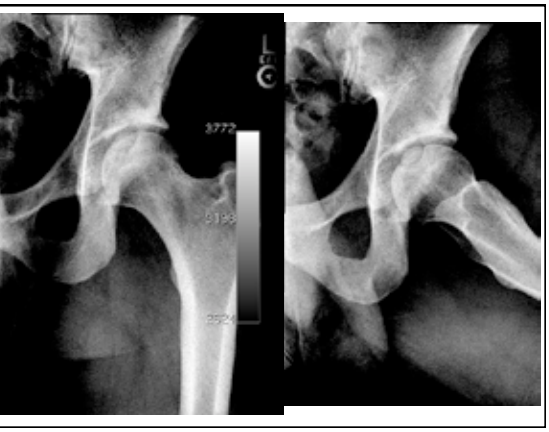


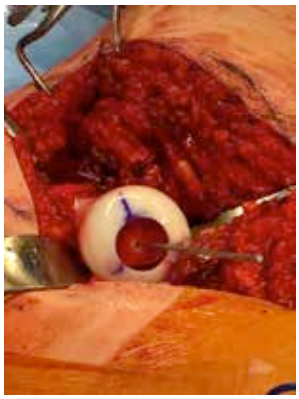


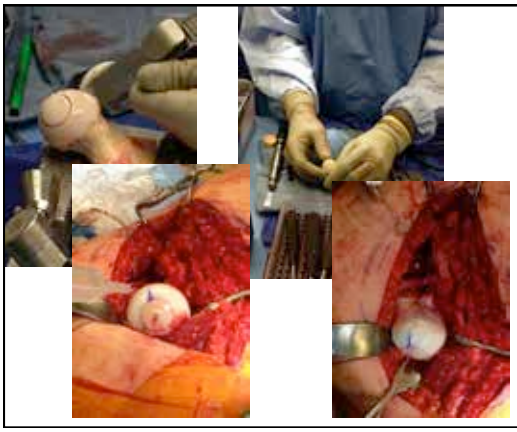


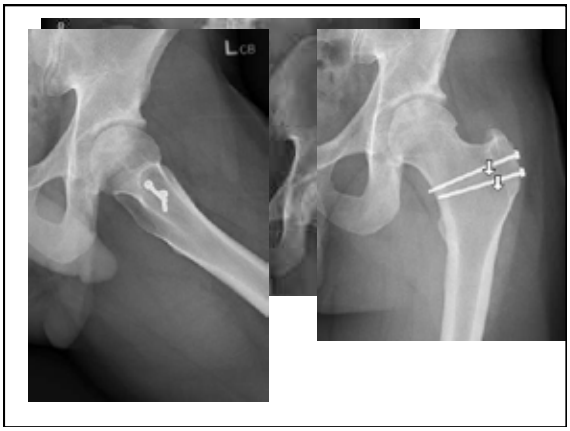

R
L
R

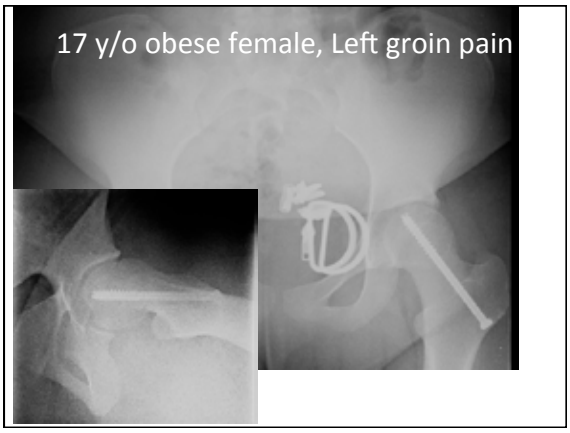

24 y/o with mechanical symptoms in left hip

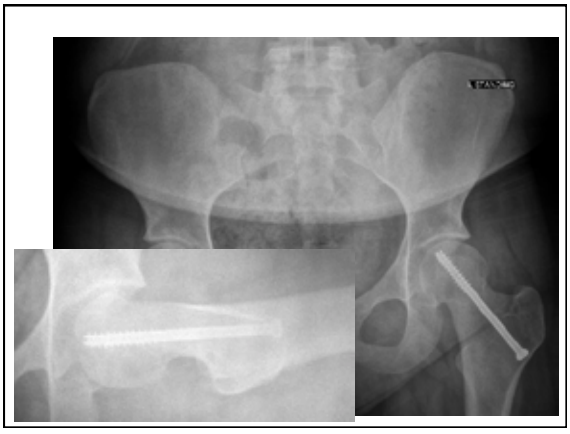


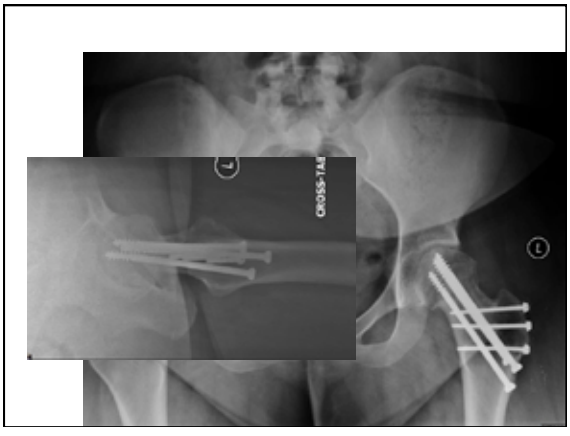




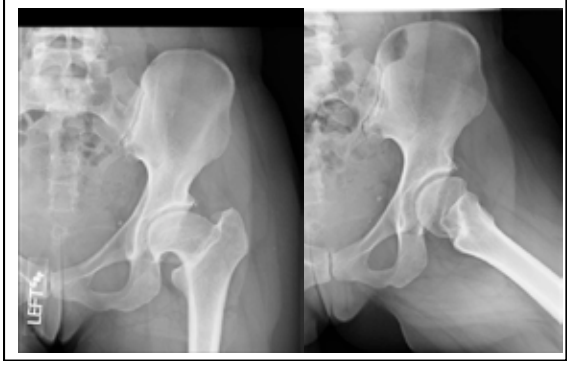


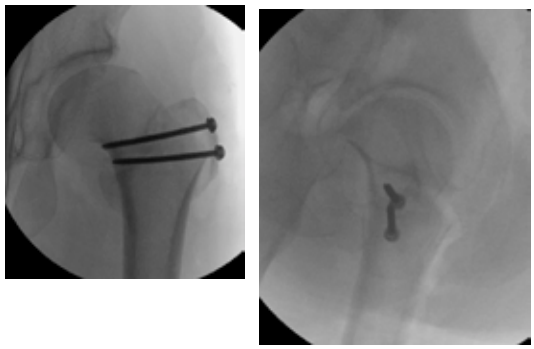

17 y/o obese female, Left groin pain

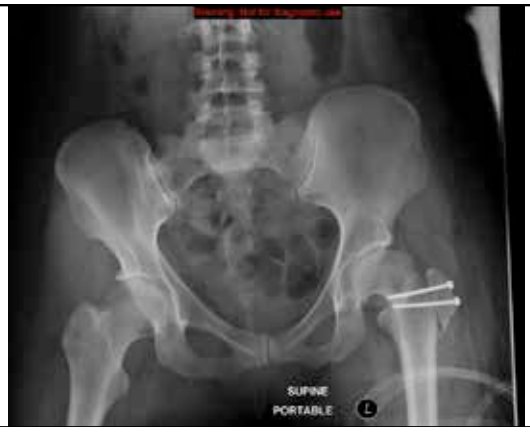


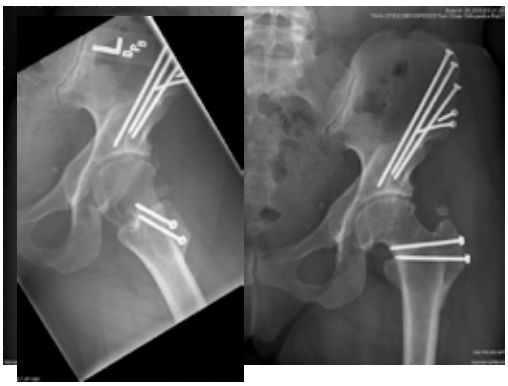


38 y/o with left groin pain , popping and limp

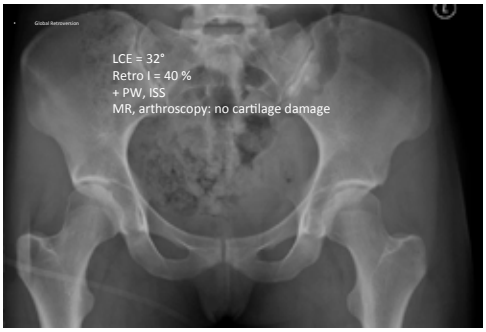


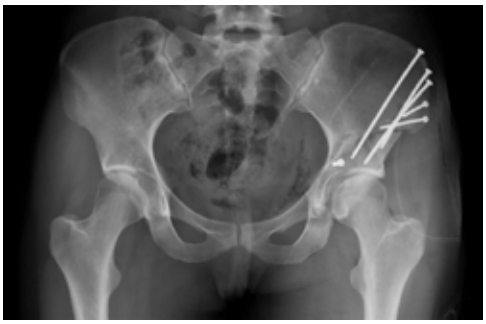


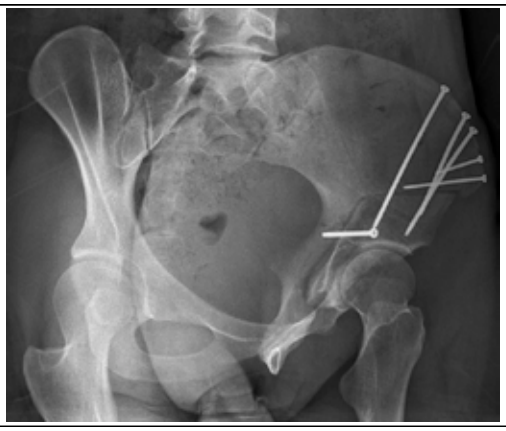


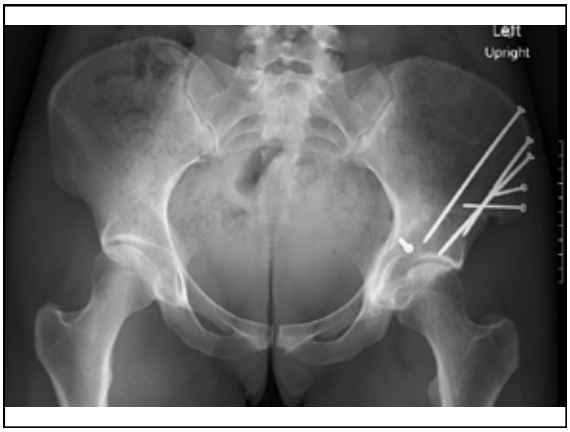


Acetabulum Morphology - FAI

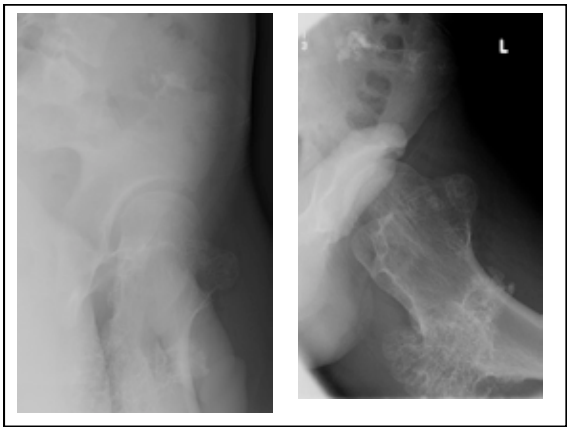


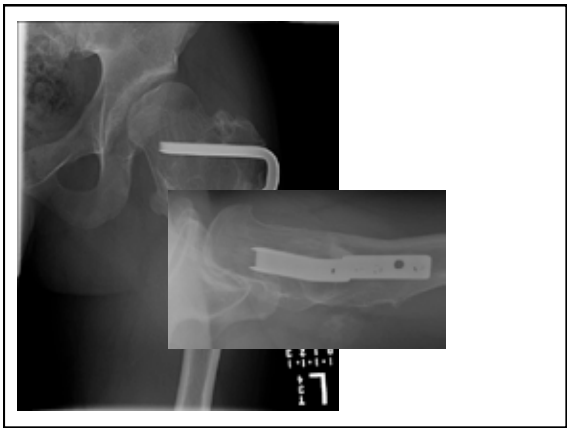


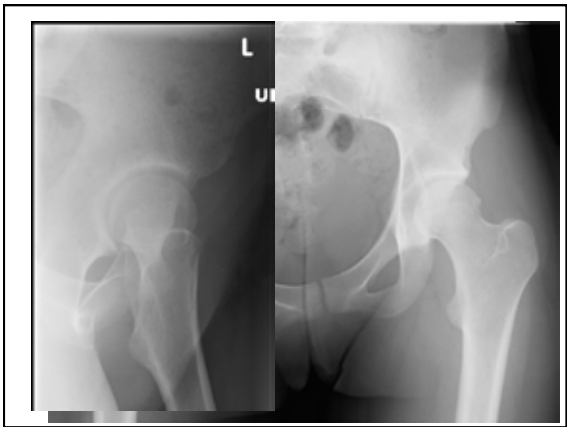


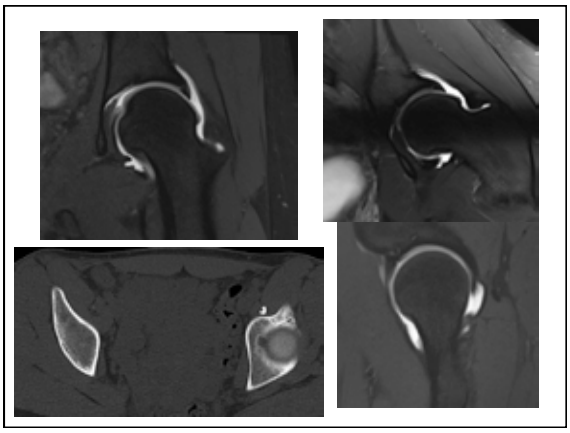

Left
Upright

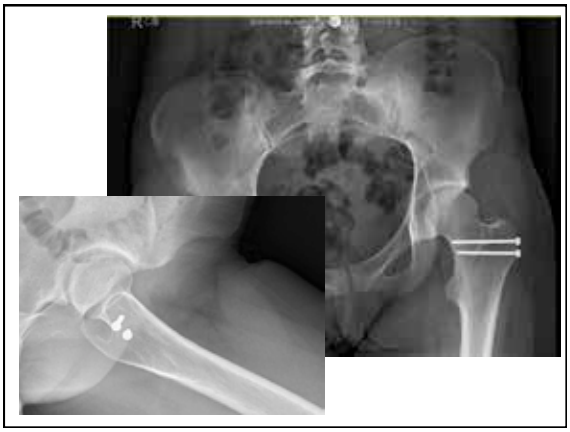

R
18 y/o with left groin pain, MHE
Complex Intra and Extra articular impingement:

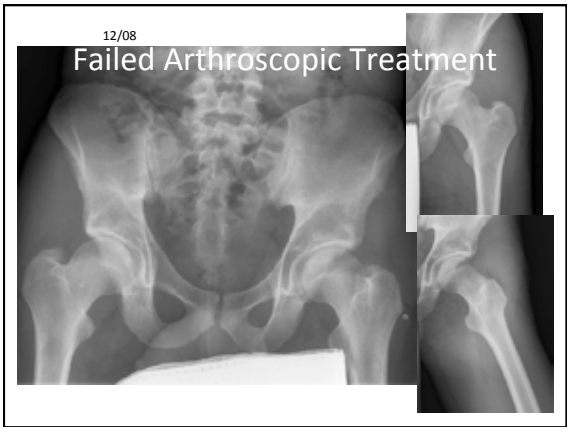

L

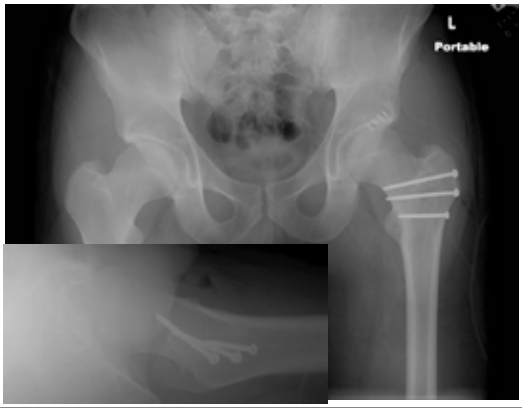



L






12/08
Failed Arthroscopic Treatment



FAI Surgical Indications

- The same for whatever technique is used
- Growing skills of arthroscopists have limited primary open procedures to
  - Cases when additional reconstructive surgery indicated
  - Cartilage lesions with advanced reconstruction

Cautionary note: a large percentage of my open practice is for failed arthroscopy