

Never Need to Do a T-Type Capsulotomy again: Advances in Capsular Management

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Disclosures

1. Royalties: Smith & Nephew
2. Consulting: Arthrex, Breg

Introduction

- Initially, a great advance in Hip Arthroscopy was recognition that capsulotomy aided in maneuverability of instrumentation
- Because of femoroacetabular congruity, risk of dislocation is low (but not impossible)*

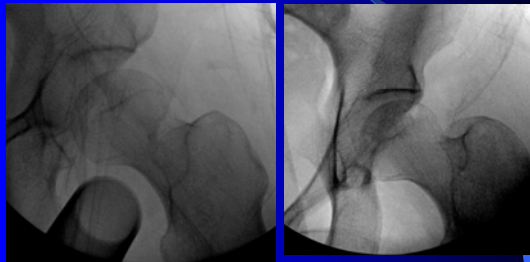
*Matsuda *Arthroscopy* 2009
Austin et al. *Arthroscopy* 2014

Introduction

- In cases of severe limitations in hip motion or early arthritis, capsulotomy/capsulectomy may be beneficial
- However, in most cases, capsular preservation may be preferable*

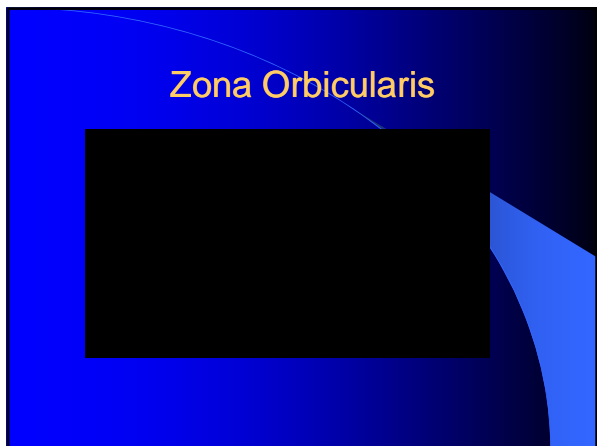
*Abrams et al. *Arthroscopy* 2015
Larson et al. *Arthroscopy* 2015

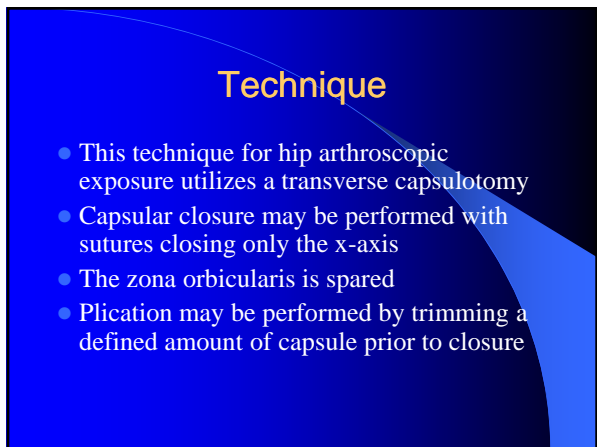
Introduction

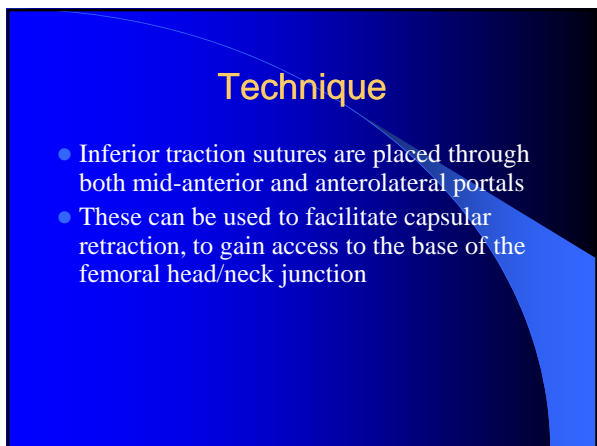


Introduction

- A T-Type capsulotomy allows easy access to the hip joint, facilitating labral repair and osteoplasty procedures
- However, this technique violates the thickest circumferential part of the capsule (zona orbicularis)
- Subsequent complete repair requires sutures along an x and y axis





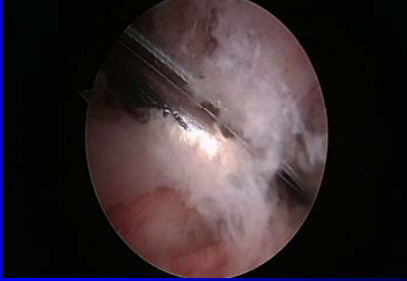








Technique



Discussion

- From July 2013 to present, no cases of T-Type capsulotomy has been performed in my hip arthroscopy practice (426 cases)
- No cases of dislocation, but the bar is normalizing hip function, not avoiding hip dislocation

Conclusion

- Hip Arthroscopy should include a plan to handle the capsule-release, repair, plicate
- Modified Heisenberg Principle: You cannot view inside the joint without changing the capsule
- Use the patient's pathology, not ease of access, to determine what is done with the capsule

THANK YOU



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