FAI: How I Address the Femoral Side

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*no conflict for this presentation

*Nothing to do with this presentation

Setting Yourself Up For Success
• Portal Placement
• Capsulotomy
  • T cut
  • Extended interportal
    • How far to take it
    • How distal to make it
    • Addition of internal T cut (ala the Bass Bite)
• Traction stitches
• Leg positioning
• Getting lateral and posterior
• How high to go?
Portal Placement

- Standard Portals
- AL: anterior border of the ITB
  - I have migrated this portal slightly more anterior
  - Allows for hybrid lateral/anterior birds eye view
- Modified mid-anterior
- Accessory AL

Robertson WR & Kelly BT. Arthroscopy 2008.

Portal Placement

- Place the modified mid anterior portal just distal to the crescent of the capsule
  - A distally based capsulotomy will allow for better access to the femoral side
  - Will make the acetabular side a little more challenging
  - Working under the hood

Portal Placement

- Place the modified mid anterior portal just distal to the crescent of the capsule
  - A distally based capsulotomy will allow for better access to the femoral side
  - Will make the acetabular side a little more challenging
  - Working under the hood
Capsulotomy
• To T-cut...
  • Pros:
    • Easy to see
    • Less trauma to capsule
  • Cons:
    • Added area to heal
    • Another chance to screw it up (too tight, doesn’t heal, etc)

Capsulotomy
• To T-cut...
  • When I do it now?
    • Never
  • When I used to do it?
    • Distally or laterally based femoral pathology

Capsulotomy
• Extended Interportal
  • Pros:
    • Only one cut to repair and heal
    • Equal visualization
  • Cons:
    • Rougher on capsule?
    • Distally based
    • Posterior to apex
    • Anterior to just above psoas
Capsular Preparation
• Clearing off the peri-capsular fat aids in mobility, visualization and repair

Traction Stitch
• Placement of 1-2 stitches can be useful
• Placed via the DALA
• Assistant can hold stitch
  • Pull going medial
  • Relax when working lateral

Internal T (Bass Bite)
• With tension on traction stitch, undercut lateral capsule in a small ellipse
• Remove this small piece with a shaver
• Can significantly improve lateral view
**Limb Positioning**

- Should change throughout the resection
- Semi-flexed (25-30 deg) for majority of work
- Set resection height in ER
- Into Ext and IR for lateral lesions

**Use Flouroscopy**

- Around the world view
  - Flexion
    - Neutral
    - IR
    - ER
  - Extension
    - Neutral
    - IR
    - ER

Image courtesy of C. Larson, MD

**Other Tips**

- You can never put bone back
  - Avoid over resection
- Take your time
  - You can make a patient hurt less with a marginal resection for a few years
  - They will fail later if you leave bone behind
Don't do this...

Thank You