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Hip Labrum Repair

FREQUENTLY ASKED QUESTIONS

Answers to common questions about hip labral tears, hip impingement (FAI), and hip arthroscopy.

UNDERSTANDING THE CONDITION

1 What is the hip labrum?

The labrum is a ring of cartilage around the rim of the hip socket. It seals the joint and helps it stay stable. A tear usually causes deep **groin or front-of-hip pain**, often with clicking or catching, and pain with sitting, getting in and out of a car, or twisting.

2 What is hip impingement (FAI)?

Many labral tears are caused by extra bone on the ball (cam) or the rim of the socket (pincer). This extra bone pinches the labrum when the hip bends and rotates. Surgery reshapes this bone so the new repair is not damaged again.

3 Do I need surgery?

Not always. Physical therapy, activity changes, and sometimes an injection are tried first. Surgery is considered when pain continues despite this. **Arthritis matters:** hip arthroscopy works best when the joint cartilage is healthy. If there is significant arthritis, results are less reliable and we may recommend against it.

YOUR SURGERY

4 What happens during surgery?

Through small incisions, a camera is used to repair the labrum with anchors and reshape any extra bone. The leg is gently pulled (traction) to open the joint. Surgery typically takes 1½–3 hours. Surgery is outpatient; most patients go home the same day. You will have anesthesia, and many patients also receive a nerve block to numb the area for 12–24 hours after surgery.

5 Why is my groin or foot numb after surgery?

Traction can cause temporary numbness in the groin, genital area, or foot. It almost always resolves within days to a few weeks.

6 What are the risks?

Uncommon risks include infection, blood clots, nerve irritation, extra bone formation around the hip, and continued pain. Some patients — especially those with early arthritis — may later need a hip replacement.

7 How should I prepare?

- Practice walking on crutches with light weight on the leg, including stairs.
- Set up a firm, high chair and consider a raised toilet seat.
- Arrange help at home for the first week.
- Schedule your first PT visit for within the first week after surgery.

RECOVERY

8 How long will I be on crutches?

Usually **2–4 weeks** with only light weight (foot flat) on the leg. If cartilage work is done, this may be extended to about 6 weeks. Some patients also wear a hip brace to limit motion.

9 What motions should I avoid?

For the first several weeks: no deep hip bending past 90°, no turning the leg outward, and no stretching the front of the hip. A stationary bike with no resistance is usually started early to keep the joint moving.

10 Will I take any medications to protect the hip?

Most patients take **aspirin** to prevent blood clots. Some also take an anti-inflammatory for a short time to reduce the chance of extra bone forming around the hip.

11 When can I drive and return to work?

Driving: off narcotics and able to brake safely — left hip with an automatic car often 1–2 weeks; right hip usually after you are off crutches. **Desk work:** often 1–2 weeks. **Physical work:** about 3–4 months.

12 When can I return to sports?

Usually **4–6 months**, after completing a return-to-sport program with your therapist. Full recovery can take up to a year.

Still have questions? Call our office at **469.800.7200**. After surgery, follow your post-operative instruction sheet — if anything here differs from it, the instruction sheet takes priority.