

**Results:** There were three patients in group 1, and seven in group 2, with similar average age and gender distribution. At average follow-up of eight months for group 1 the average scores improved from 59.4 to 70.8 for modified Harris Hip Score (HHS), 59.7 to 73.5 for Hip Outcomes Score Activities of Daily Living (HOS ADL), 46.0 to 65.7 for HOS Sports Subscale, 66.9 to 77.1 for Non-Arthritic Hip Score (NAHS). At average follow-up of 3.6 months for group 2 the average scores improved from 60.3 to 88.4 for HHS ( $p < 0.05$ ), 72.2 to 94.4 for HOS ADL, 49.4 to 81.6 for HOS Sports Subscale, 65.0 to 90.5 for NAHS ( $p < 0.05$ ). There were trends toward greater improvement in all scores in group 2 than in group 1.

**Conclusion:** The results demonstrated improvements in all scores for both groups. While no significant difference was shown between the two groups, there was a trend toward greater improvements at early follow-up with the arthroscopic approach. Currently both open surgical dislocation and arthroscopic approaches remain valid options in treatment of FAI. Further follow-up of this study group is necessary to compare the long-term outcomes of the two approaches.

**Hip Arthroscopy After Traumatic Hip Dislocation (SS-32)** Victor M. Ilizaliturri, Jr., M.D., Bernal Gonzalez-Gutierrez, M.D., Humberto Gonzalez-Ugalde, M.D., Javier Camacho-Galindo, M.D.

**Introduction:** To present arthroscopic findings after traumatic posterior hip dislocation in patients with mechanical hip symptoms.

**Methods:** All the patients that were treated with hip arthroscopy for mechanical hip symptoms after traumatic posterior hip dislocation with subsequent closed reduction between 2002 and 2006 were included in this study. The time between closed reduction and arthroscopy, arthroscopic findings and treatment, preoperative and last follow-up WOMAC scores and last follow-up X-rays were analyzed. Complications or the need for further surgical treatment are reported.

**Results:** We had 17 patients (13 male, 4 female), average age 28.5 years (range 19-37). Average time between closed reduction and arthroscopy was 3 months. 14 had anterior labral tears, 6 had posterior labral tears, 16 had acetabular chondral damage, all had femoral chondral damage, 14 had intra-articular fragments. Preoperative WOMAC was 46, last follow-up WOMAC was 87 (45 months average), range 45 to 93. One patient required Total Hip Replacement for Osteoarthritis and one presented avascular necrosis and is waiting for hip replacement.

**Conclusion:** Our clearest indication for arthroscopy after traumatic posterior hip dislocation was loose fragments inside the joint. Every patient presented mechanical hip symptoms, intra-articular damage was demonstrated in every case. Most of the patients had significant improvement after hip arthroscopy.

**Extensive Capsulotomy for Ideal Exposure and Treatment in Hip Arthroscopy (SS-33)** Thomas G. Sampson, M.D.

**Introduction:** Capsulotomy in hip arthroscopy has been used since the 1990's for better exposure and mobility of instruments, as popularized by James M. Glick. As the arthroscopic hip procedures have become more extensive requiring better access to both the central and peripheral compartments for removal of metaplastic bone as in treating Femoroacetabular Impingement, capsulotomy similar to open techniques has been employed.

**Methods:** An arthroscopic capsular incision is made along the neck of the femur and extended over the labrum taking it along the acetabular rim to expose an area from the base of the femoral neck to the supra acetabular Ilium with an RF probe. It is considered extensive relative to the minimally invasive hip arthroscopic technique. Additional comments on the use of capsulotomy for loose body removal and reshaping of the head neck junction and acetabular rim as well as labral refixation and reconstruction will be discussed.

**Results:** Since 1999 more than 1000 consecutive hip arthroscopies have been performed by this single surgeon using the technique. The indications and techniques will be discussed as well as the lack of complications. Capsular repair is done when indicated for concerns of instability and rapid return to activities.

**Conclusion:** Extensive capsulotomy for ideal exposure and treatment in hip arthroscopy is safe and effective. Better exposure and access to central and peripheral spaces are obtained over conventional portal techniques. Complications such as fluid extravasation and dislocation are rare.

**Articular Cartilage Regeneration with Autologous Peripheral Blood Stem Cells and Hyaluronic Acid (SS-34)** Khay-Yong Saw, M.B., Ch.B., M.Ch.Orth., F.R.C.S.

**Introduction:** An on-going clinical trial to assess the results of articular cartilage regeneration following subchondral drilling into chondral defects followed by postoperative intra-articular injections of autologous periph-