a worse outcome for the patient. It has also been shown that neither plain radiographs nor MRI scanning can reliably detect the presence of significant osteoarthritic lesions in the hip. CT scanning may provide a more reliable pre-operative assessment of Osteoarthritis and help to guide decision making.
Conclusion: CT 3D reconstruction is a valuable adjunct to the pre-operative assessment of patients with presumed FAI. We feel that consideration should be given to using it in all cases where hip arthroscopy is being considered.

Paper 25: Impact of Hip Arthroscopy for Femoroacetabular Impingement on Quality of Life *Ajay Malviya, MD, United Kingdom, Presenting Author*
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SUMMARY

In a prospective, consecutive series of 611 patients, the largest reported to date, we have found that arthroscopic surgery for FAI improves the QoL in 75% of the patients.

DATA

The benefit of hip arthroscopy for the treatment of femoroacetabular impingement (FAI) on quality of life (QOL) needs further exploration. We prospectively collected data on 611 patients, the largest series reported, who underwent hip arthroscopy for FAI over a period of five years under the care of a single surgeon. The minimum follow-up was one year with a mean follow-up of three years. The responses to the Harris hip score were translated using Rosser index matrix, to QoL score. The mean QoL score increased from 0.946 (−1.486 to 0.995) to 0.974 (0.7 to 1) at one year after surgery ($p<0.001$). It was noted that the mean QoL score in males was significantly ($p<0.001$) better than females, both before surgery and at one year after surgery; although the mean change in the QoL score was not statistically different (M=0.02, F=0.04; p=0.12). Linear regression analysis revealed that the significant predictors of change in QoL score were pre-operative QoL score ($p<0.001$) and the gender (p=0.02). The change in QoL score showed moderate (?=−0.66; $p<0.001$) negative correlation with the pre-operative QoL score. The QoL scores improved in 74.5%, remained unchanged in 15.6%; while it deteriorated in 9.9% of the patients at one year after surgery.

In a prospective, consecutive series of 611 patients, the largest reported to date, we have found that arthroscopic surgery for FAI improves the QoL in 75% of the patients. The pre-operative QoL score and gender were significant predictors of the change in QoL.

Paper 26: Simulated Hip Arthroscopy Skills: A Randomized Trial of Learning Curves in the Lateral and Supine Positions *Thomas C.B. Pollard, FRCS (Orth), United Kingdom, Presenting Author*
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Harinderjit S. Gill, DPhil, United Kingdom
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SUMMARY

Orthopaedic trainees objectively improve with training on a hip arthroscopy simulator, as assessed by motion analysis; those learning in the lateral position have greater problems with disorientation after portal exchange, and junior trainees perform to the same level as senior trainees after 9 training episodes.

DATA

Background: The prevalence of hip arthroscopy has increased. It can be performed in the lateral or supine position, but despite advances in equipment, remains technically demanding and generally only performed by subspecialist surgeons. We aimed to objectively quantify and compare learning curves between two groups of orthopaedic trainees randomized to learn simulated hip arthroscopy in either lateral or supine positions, and to further compare differences in learning curves between senior and junior trainees.
Methods: A hip arthroscopy simulator with anterolateral and anterior portals, 70° arthroscope, and fixed distraction was used. Rotation of the simulator by 90° enabled supine or lateral arthroscopy. 20 orthopaedic trainees with minimal hip arthroscopy experience were randomized into lateral and supine groups, and asked to perform a diagnostic arthroscopy of the central compartment on 12 occasions. Each episode involved a change in portal and repetition of the diagnostic round. A validated motion analysis system objectively measured surgical performance by recording time taken, total path-length of hands, and number of hand movements.
Results: Both groups demonstrated learning with objective improvement in all parameters ($p<0.001$). Initially, the lateral group were significantly slower and more variable in their performance during the second diagnostic round after portal exchange (p=0.006). They