a questionnaire that included the modified Harris Hip score(MHHS), WOMAC, HOS ADL, HOS Sport, SF12 and patient satisfaction. This study was IRB approved. Patients were grouped based on their postoperative AA: <55°(n=158) and >55°(n=56)

Results: The average preoperative AA was 73°(range 50° to 105°) and the postoperative AA was 48°(range 30° to 100°). The post-operative AA did not correlate with any outcome measure. The average preoperative alpha angle in the <55° group was 72° and in >55° group the average was 76°(p=0.024). At average follow-up of 5.5 years (range 5 to 7) there were no significant differences in outcomes between groups. The average mHHS was 52(±8) in the <55° and 53(±6) in the >55° group; WOMAC was 10(±11) in the <55° and 8(±10) in the >55° group; HOS ADL was 90(±13) in the <55° and 92(±11) in the >55° group; HOS Sport was 78(±25) in the <55° and 82(±21) in the >55° group. Median patient satisfaction was 9(range 1 to 10) in both groups.

Conclusion: There were no significant difference between any outcome score based on correction to 55° at 5 years. While alpha angle has been shown to be an excellent preoperative diagnostic tool, the postoperative angle does not correlate with midterm outcomes or the development of osteoarthritis.

The Economic Impact of Acetabular Labral Tears: A Cost-Effectiveness Analysis Comparing Hip Arthroscopy and Structured Rehabilitation Alone

SS-30

April 15, 1:35 PM

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Introduction: Hip arthroscopy is a successful procedure to manage acetabular labral tears and concurrent hip pathology, which if left untreated, may contribute to hip osteoarthritis (OA). It is essential to analyze the economic impact of this treatment option. This study assessed the cost-effectiveness of arthroscopic repair compared to structured rehabilitation alone for labral tears.

Methods: A cost-effectiveness analysis of hip arthroscopy compared to structured rehabilitation for symptomatic labral tears was performed using a Markov decision model over a lifetime horizon. Direct costs (in 2014 USD), utilities of health states (in quality-adjusted life years [QALYs] gained), and probabilities of transitioning between health states were estimated from a literature review. Costs were estimated using national averages of Medicare reimbursements, adjusted for all-payers in the US. Utilities were estimated from Harris Hip Scores. Cost-effectiveness was assessed using the incremental cost-effectiveness ratio (ICER). One-way and probabilistic sensitivity analyses were performed to determine the effect of uncertainty.

Results: For a cohort representative of hip arthroscopy patients at our facility, arthroscopy was more costly (additional $2653) but generated more utility (additional 3.94 QALYs), compared to rehabilitation. The mean ICER was $754/QALY, well below the conventional willingness-to-pay (WTP) threshold of $50,000/QALY. Arthroscopy is expected to be cost-effective for 94.5% of patients. Although arthroscopy decreased in cost-effectiveness with increasing age, it remained cost-effective for patients in the second to seventh decades of life. Lifetime incidence of symptomatic hip OA was twice as high for patients treated for rehabilitation compared to arthroscopy. The preferred treatment was sensitive to the utility following successful hip arthroscopy, although the utility at which arthroscopy becomes less cost-effective than rehabilitation is far below our best estimate.

Conclusion: Hip arthroscopy is more cost-effective resulting in lower incidence of symptomatic OA than structured rehabilitation alone, when treating symptomatic labral tears of patients in the second to seventh decades of life.

Clinical Outcomes of Hip Arthroscopy: A Prospective Survival Analysis of Primary and Revision Surgeries in a Large Mixed Cohort

SS-31

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Introduction: Recent hip arthroscopy literature has focused on revision hip arthroscopies and conversion to total hip arthroplasty (THA) or hip resurfacing (HR). This study reports a survival analysis at minimum two-year follow-up after hip arthroscopy and compares clinical outcomes of primary versus revision hip arthroscopy.

Methods: From February 2008 to June 2012, data were prospectively collected on all primary and revision hip arthroscopies. Patients were assessed pre- and post-operatively with four patient-reported outcome (PRO) measures: modified Harris Hip Score (mHHS), Non-Arthritic Hip Score (NAHS), Hip Outcome Score-Activities of Daily Living (HOS-ADL), and Hip Outcome Score-Sport Specific Subscales (HOS-SSS). Pain was estimated on the visual analog scale (VAS). Patient satisfaction was measured on a scale from 0 to 10. Secondary procedures were recorded.

Results: Of 1000 primary arthroscopy patients and 117 revision arthroscopy patients treated, 931 (93.1%) and 107 (91.5%), respectively, were available for follow-up and included in our study. At two-year follow-up, mHHS, HOS-ADL, HOS-SSS, NAHS, and VAS were 79.4, 82.2, 65.6, 79.9, and 2.9, respectively for primary arthroscopy