

undergoing arthroscopic shoulder surgery to manage a lesion of LHB. Previous surgery on the affected shoulder or any other significant medical comorbidity were exclusion criteria. The primary outcome measure was the American Shoulder and Elbow Society standardized assessment of shoulder function (ASES). Secondary outcomes included: Western Ontario Rotator Cuff score (WORC), operative time, presence of cosmetic deformity, and elbow flexion and supination strength (affected/unaffected ratio). Study time points were pre, and 3, 6, 12, and 24 months post-operative. Magnetic resonance imaging (MRI) was conducted at 12-months post-operative.

Results: Fifty-six participants were randomly assigned to each group. Table 1 summarizes the current results to 12-months. There were no significant differences in ASES or WORC scores at pre- or post-surgery time points. MRI findings were available on 40 patients at the 12-month post-operative period. Of 23 in the tenodesis group, one was not intact and retracted 18 cm and two were partially torn. Of the 17 in the tenotomy group, none appeared retracted. The relative risk of patient-reported cosmetic deformity in the tenotomy group relative to the tenodesis group was 11.0 ($p=0.09$) at 12-months. There were no differences between groups in level of pain or cramping, or elbow flexion or supination strength at any time point.

Conclusion: Arthroscopic treatment of lesions of LHB, whether tenodesis or tenotomy, was shown to have favourable results. Tenodesis favoured tenotomy based on the presence/absence of cosmetic deformity. Otherwise, there were no measurable differences between techniques. As data continues to be gathered to 24-month post-operative, longer-term benefits and drawbacks of each procedure may become evident.

Mid-term Outcomes and Survivorship of Hip Arthroscopy for the Treatment of Labral Tears and Femoro-acetabular Impingement SS-29



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ITAY PERETS, M.D., PRESENTING AUTHOR

BENJAMIN DOMB, M.D.

EDWIN CHAHARBAKHSI, B.S.

MARY CLOSE, B.S.

BRIAN MU, B.A.

LYALL ASHBERG, M.D.

Introduction: Mid-term clinical outcomes for patients undergoing current hip arthroscopic treatments for labral tears and femoro-acetabular impingement (FAI) have not yet been reported. Additionally, the general population of clinicians may not be adequately informed of these pathologies, which may lead to delayed diagnoses.

Methods: We conducted a retrospective review of prospectively collected data for patients that underwent hip arthroscopy between February 2008 and December 2010. Patients with previous ipsilateral hip conditions were excluded. Each patient's age at onset of hip symptoms and at surgery were documented. The modified Harris Hip Score (mHHS), Non-Arthritic Hip Score (NAHS), Hip

Outcome Score – Sport Specific Subscale (HOS-SSS), and visual analog scale for pain (VAS) were documented preoperatively and at a minimum of five years post-operatively. Patient satisfaction was documented at follow-up. Revision surgeries, conversions to arthroplasty, and postoperative complications were documented.

Results: We analyzed 205 hips with mean follow-up of 69.3 months. A mean of 24 months between onset of hip symptoms and surgery was observed. There were significant improvements in all patient-reported outcomes (PROs) from preoperatively to latest follow-up: mHHS (64.8 to 82.8), NAHS (62.2 to 85), HOS-SSS (47.2 to 75), and VAS (5.8 to 2.1). Mean satisfaction at follow-up was 8.0. Fourteen patients underwent revision arthroscopy during the follow-up period. Survivorship at latest follow-up was 89.3%. There was a 5.4 rate of major complications; the most common was numbness, which occurred after 2.4% of surgeries and resolved in 80% of cases.

Conclusion: Hip arthroscopy for the treatment of labral tears and FAI is a safe procedure that demonstrates good mid-term results with high patient satisfaction and 89.3% survivorship. These pathologies may have delayed diagnoses, which is supported by the two-year differential between onset of hip symptoms and surgical treatment.

Patient Reported Outcomes of Capsular Repair versus Capsulotomy in Patients Undergoing Hip Arthroscopy: Minimum 5-Year Follow-Up. A Matched Cohort Study SS-30



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LYALL ASHBERG, M.D., PRESENTING AUTHOR

BENJAMIN DOMB, M.D.

EDWIN CHAHARBAKHSI, B.S.

ITAY PERETS, M.D.

BRIAN MU, B.A.

MARY CLOSE, B.S.

Introduction: This study aimed to elucidate what effect various capsular management strategies during hip arthroscopy might have on patient outcomes over the mid-term.

Methods: Between February 2008 and February 2011, data were prospectively collected on patients undergoing hip arthroscopy. Patients were matched for age \pm 5 years, gender, BMI \pm 5, Workman's Compensation claim, and acetabular coverage. Inclusion criteria were unrepaired capsulotomy or closure and lateral-center edge angle (LCEA) $\geq 18^\circ$. Exclusion criteria were previous hip surgery or conditions and preoperative Tönnis grade >1 . Patient-reported outcome scores (PROs) including modified Harris Hip Score (mHHS), Non-Arthritic Hip Score (NAHS), Hip Outcome Score-sport specific subscale (HOS-SSS) and Visual Analogue Score for pain (VAS) were collected preoperatively, at 3 months, and annually thereafter. Patient satisfaction was recorded from 0-10 (10=most satisfied).

Results: Minimum five-year follow-up was available for 287 (82.5%) of 348 hips that met inclusion criteria. Of these 287 hips, 172 underwent unrepaired capsulotomy