

**Figure 4-11.** An arthroscopic shaver visualized removing PVNS from the peripheral compartment of the hip.



## TIPS AND PEARLS

- ✓ While some cartilaginous loose bodies are radiolucent, intraoperative fluoroscopy can prove useful in helping to identify the location of osteocartilaginous fragments.
- ✓ A partial capsulotomy can improve visualization, maneuverability, and access to the peripheral compartment. This is performed by incising the anterior capsule between the mid-anterior and anterolateral portals with the aid of a Beaver blade.
- ✓ Use flexible arthroscopic instruments (ie, radiofrequency probe) to access hard-to-reach areas.
- ✓ Use a pituitary rongeur to morcellize large coalesced bodies into smaller removable fragments.

## PITFALLS

- ✗ Failure to thoroughly inspect the peripheral compartment may lead to continued pain and mechanical symptoms from unrecognized loose bodies.
- ✗ Performing a synovectomy and loose body removal in the posterior aspect of the hip joint is technically challenging and places the retinacular vessels at considerable risk. Therefore, we do not routinely use the posterolateral portal or enter the posterior aspect of the joint to treat these disorders.
- ✗ Know when to perform an open surgical procedure. Prevent poor results by avoiding poor indications. These include hips with the following:
  - ❖ Large intra-articular loose bodies
  - ❖ Extensive extra-articular disease
  - ❖ Posterior disease that cannot be addressed arthroscopically
  - ❖ Extensive pre-existing cartilage damage