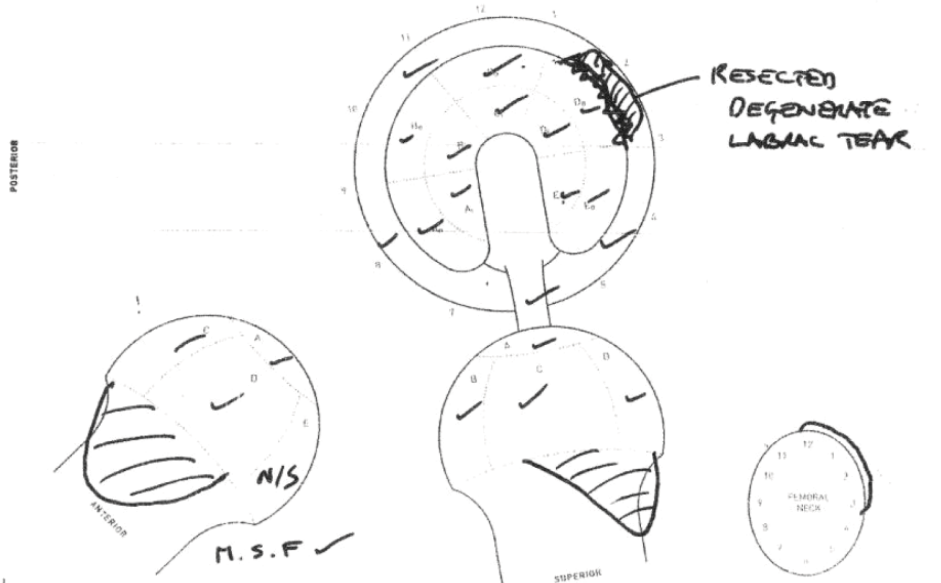


Study Number	FAS-04
Age	28
History	Approximately 2 years of hip pain, constant and worse after activity
Side	Right

Operation Note

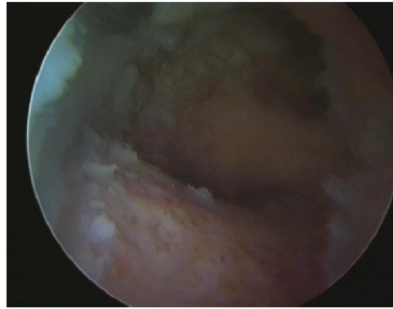
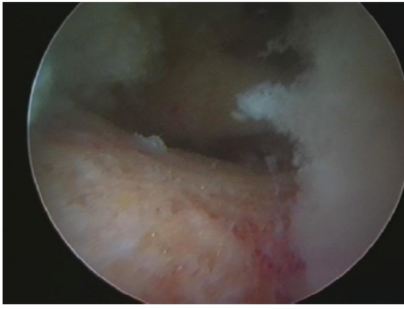


<input type="checkbox"/> PREVIOUS SURGERY INDICATION <input checked="" type="checkbox"/> FAI <input type="checkbox"/> Cam <input type="checkbox"/> Pincer <input type="checkbox"/> Mixed <input checked="" type="checkbox"/> Labral tear <input type="checkbox"/> Ligamentum teres tear <input type="checkbox"/> Instability <input type="checkbox"/> OA <input type="checkbox"/> Undiagnosed pain <input type="checkbox"/> Fracture <input type="checkbox"/> AVN <input type="checkbox"/> Pethes <input type="checkbox"/> Loose bodies <input type="checkbox"/> Dysplasia <input type="checkbox"/> Other POSITION <input checked="" type="checkbox"/> Lateral <input type="checkbox"/> Supine PORTALS <input checked="" type="checkbox"/> Posterosuperior <input type="checkbox"/> Superior <input type="checkbox"/> Anterosuperior <input type="checkbox"/> Posterior <input type="checkbox"/> High anterior <input type="checkbox"/> Low anterior <input type="checkbox"/> Other OPERATION TIME Traction: 30 min; Total: 140 min	CENTRAL COMPARTMENT LABRUM <input type="checkbox"/> Normal <input type="checkbox"/> Inverted <input type="checkbox"/> Floppy <input type="checkbox"/> Thin <input type="checkbox"/> Ossified <input type="checkbox"/> Calcific labritis <input type="checkbox"/> OS acetab <input type="checkbox"/> Hypertrophic <input type="checkbox"/> Absent section <input checked="" type="checkbox"/> Degeneration <input type="checkbox"/> Mild <10% <input type="checkbox"/> Moderate 10-40% <input type="checkbox"/> Severe >40% <input checked="" type="checkbox"/> Tear <input type="checkbox"/> Partial Detachment <input type="checkbox"/> Complete Detachment <input type="checkbox"/> Degenerative <input type="checkbox"/> Radial Size of tear <input type="checkbox"/> Small <1cm <input type="checkbox"/> Medium 1-2cm <input type="checkbox"/> Large >2cm LIGAMENTUM TERES <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Partial tear <input type="checkbox"/> Not seen <input type="checkbox"/> Ruptured <input type="checkbox"/> Inflamed <input type="checkbox"/> Absent <input type="checkbox"/> Short CENTRAL OSTEOPHYTE <input checked="" type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Large <input type="checkbox"/> OTHER:	CARTILAGE (BY ANATOMY OF JOINT) <table border="1"> <tr> <th></th> <th>N</th> <th>I</th> <th>II</th> <th>III</th> <th>IV</th> <th>FC</th> <th>NS</th> </tr> <tr> <th>ACETABULAR</th> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Aa</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Ab</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Ac</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Ad</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Ae</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Be</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>C</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <th>FEMORAL HD</th> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>A</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>B</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>C</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>D</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>E</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> RIM LESION <input type="checkbox"/> None <input checked="" type="checkbox"/> Labrochondral separation <input type="checkbox"/> Splicing <input type="checkbox"/> Fissures <input type="checkbox"/> Bubble <input type="checkbox"/> Pocket <input type="checkbox"/> Detachment flap <input type="checkbox"/> Cartilage loss x mm RIM PINCER <input type="checkbox"/> None <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Anterosuperior <input type="checkbox"/> Posterior <input type="checkbox"/> Superior <input type="checkbox"/> Circumferential		N	I	II	III	IV	FC	NS	ACETABULAR								Aa								Ab								Ac								Ad								Ae								Be								C								FEMORAL HD								A								B								C								D								E								PERIPHERAL COMPARTMENT HEAD/NECK JUNCTION <input type="checkbox"/> Not seen <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Cam lesion <input type="checkbox"/> Secondary osteophyte CAPSULE <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Tight <input type="checkbox"/> Lax <input type="checkbox"/> Not assessed SYNOVITIS <input checked="" type="checkbox"/> None <input type="checkbox"/> Generalised <input type="checkbox"/> Localised <input type="checkbox"/> OTHER	PROCEDURE <input type="checkbox"/> Synovial biopsy <input type="checkbox"/> Capsule plication <input type="checkbox"/> Psoas tenotomy <input type="checkbox"/> Removal loose bodies <input checked="" type="checkbox"/> Labral <input type="checkbox"/> Stenokage <input type="checkbox"/> Debridement <input type="checkbox"/> Resection <input type="checkbox"/> Take down <input type="checkbox"/> Repair labrum <input type="checkbox"/> Reconstruction <input type="checkbox"/> Rim trimming <input type="checkbox"/> Acetabular cartilage <input type="checkbox"/> Chondroplasty <input type="checkbox"/> Uter repair <input type="checkbox"/> Debridement of defect <input type="checkbox"/> Microfracture <input type="checkbox"/> MARS <input checked="" type="checkbox"/> Head/neck reshaping <input type="checkbox"/> Femoral cartilage <input type="checkbox"/> Chondroplasty <input type="checkbox"/> Debridement of defect <input type="checkbox"/> Microfracture <input type="checkbox"/> MARS <input type="checkbox"/> Ligamentum teres <input type="checkbox"/> Thermal 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PROGNOSIS & PLAN [Redacted]	POST-OP INSTRUCTIONS <input type="checkbox"/> PM <input type="checkbox"/> Cryotherapy <input type="checkbox"/> Remove sutures 14 days <input type="checkbox"/> PD 12 weeks WGT BEARING None _____ wks Partial _____ wks Full _____ wks PHYSIO <input checked="" type="checkbox"/> Protocol <input type="checkbox"/> Special instructions
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NI: Full thickness loss & exposed bone FC: Fibrocartilage NS: Not seen

Intraoperative photos



Postoperative Radial reformatted MR images:

Femoral neck		
00:00	01:30	03:00
A grayscale MR image of the femoral neck in a radial reformatted view at 00:00. The femoral head and neck are visible, with some internal structures highlighted.	A grayscale MR image of the femoral neck in a radial reformatted view at 01:30. The view is slightly different from the 00:00 image, showing more detail of the bone structure.	A grayscale MR image of the femoral neck in a radial reformatted view at 03:00. The view is further rotated, showing a different perspective of the femoral neck.

Acetabulum		
00:00	01:30	03:00
A grayscale MR image of the acetabulum in a radial reformatted view at 00:00. The acetabulum and surrounding bone are visible.	A grayscale MR image of the acetabulum in a radial reformatted view at 01:30. The view is slightly different from the 00:00 image.	A grayscale MR image of the acetabulum in a radial reformatted view at 03:00. The view is further rotated, showing a different perspective of the acetabulum.

Majority decision: adequate / inadequate (please circle)

Study Number	FAS-05
Age	27
History	Bilateral groin pain and restricted movements
Side	Right

Operation Note

Operation Note

Date: 12/11/12



Patient Name: ██████████ FAS - 05
Hospital No: ██████████
Diagnosis: Degenerate labrum, no focal tear and cam impingement lesion
Operation: Hip arthroscopy and debridement labrum and Cam impingement bump
Side: Right
Surgeon: ██████████

EUA: NAD

Procedure: Patient lateral position, hip distractor, trial of traction under II. Traction released. Prep and drape. Traction re applied for 38 mins, hip joint entered with needle and seldinger technique used to position portals lateral and antero lateral to central compartment.

Findings: Degenerative labrum, chondrolabral separation at 1-2 o'clock with large cam. Fibro cartilage healing apparent. Debridment of labrum using shaver and RF Vulcan. Then moved to peripheral compartment, cam lesion RF, bone burr followed by more RF to bed to prevent recurrence. Significant bleeding. On table impingement test and II, unable to clear cam 12-12.30 but not admitted to joint. See pictures, video and II.

Closure: Portals closed with 3/0 nylon, 60ml 0.25% local infiltration around wounds and joint

Dressings: Opsite

Post op Instructions

1. Mobilise FWB with crutches
2. Discharge tomorrow am with reduced dressings and with outpatient physio booked
3. ROS with GP nurse in 8 - 10 days
4. See in clinic at 6-8 weeks

Intraoperative photos

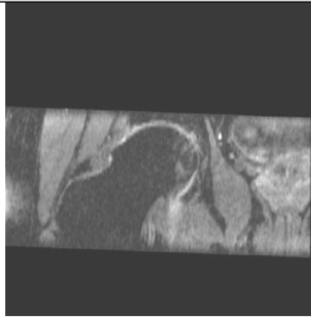
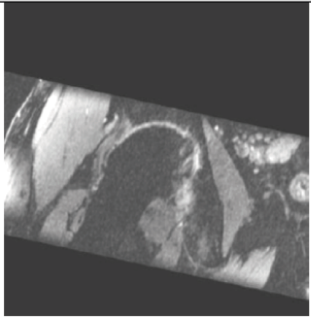
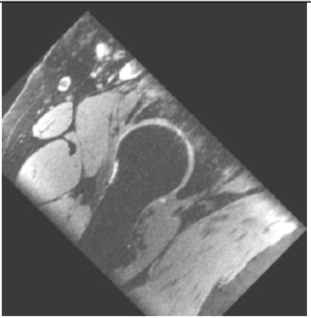


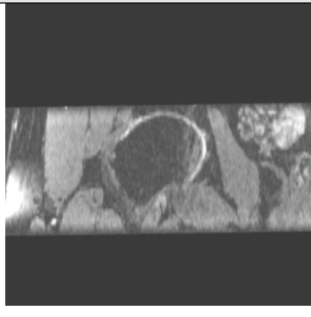
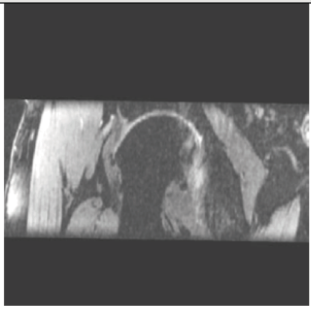
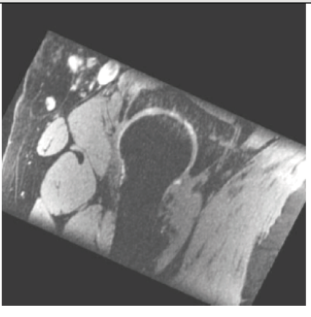
IMG_022



IMG_021

Postoperative Radial reformatted MR images:

Femoral neck		
00:00	01:30	03:00
		

Acetabulum		
00:00	01:30	03:00
		

Majority decision: adequate / inadequate (please circle)