

Evolutions in the Arthroscopic Revolution

By Alexander Germanis

Anyone living in the late 1970s and early 80s will remember the advent of the video game. It all began with "Pong": a simple pair of sliding bars and a ball made of pixels — a digital representation of the sport known as ping pong. From that came arcade games like "Space Invaders" and "Pac-Man" and then home versions of those games. What most people failed to comprehend at the time was just how much the simple digital video technology would evolve in an extremely short period of time; furthermore, few failed to grasp how that same technology could be given real world applications, specifically medical applications.

Hip arthroscopy has taken that evolution of visual representation and video game-like control and put it in the hands of qualified orthopedic surgeons — surgeons like Dr. Joseph Norris of McLean County Orthopedics — who seek for faster, less invasive and less painful ways to fix their patients and get them back on their feet.

"Hip arthroscopy is very new in comparison to other realms of arthroscopy," Dr. Norris says, going on to recall the evolution of the scope: "When people were scoping knees, they'd put it up into the knee and have to look through a little viewfinder instead of having the image up on an high-definition color TV. Then shoulder scopes came after that. In the past it used to be: look inside, find out what the problem is then make an incision and fix it." Now that scope is used to not only find the problem but to fix it as well. "And hip scopes have only been around for maybe 10, 15 years."

That's neonatal in the span of medical history. And within that short period there have been significant advances with the scope work itself. "The skill of seeing the hip and being able to perform some of the surgery always predates the equipment," Dr. Norris explains. "Now we have different equipment, different instruments, different burrs, different cameras, different everything because of the anatomy of the joint. The tools have caught up to our skill; now the two together push the envelope of what you can treat through the scope."

None of this means that hip work is now easy to perform or that it ever has been. Dr. Norris explains the intricacies of the surgery, citing the continued need for traction during the procedure in order to subluxate or partially dislocate the hip joint so the surgeon can look inside the socket and around the femoral head for bumps in the bone.



"But then you take the traction off and you can do work without traction because you need to dynamically see with the scope if the bone of the ball and socket hit on another. Then you get an X-ray, because you can see the bump and shave it until the X-ray looks normal."

"It's very back and forth," he continues. "It's very intricate. It's very technically demanding. It's difficult surgery. There're a lot of moving parts, literally. You have X-ray, arthroscopy, and dynamic movement of the joint while you're doing surgery."

The difficulty of the surgery has its payoffs for the patient, however. "The overall risk is different," Dr. Norris adds. "To do open surgery, you have to do an osteotomy of the bone in order to dislocate, and then fix that bone back to the outside of the hip joint. And that could fail, not heal, the screws could break — all kinds of complications of that surgery that the hip scope pretty much negates."

Less risk, less blood loss and no hospital stay means that in the end, "a quicker return to walking; a quicker return to full activity. And this is done in Bloomington," Dr. Norris adds. "This cutting-edge and innovative surgery can be done here." So, not only do patients enjoy a quicker return to their feet, they also have a quicker return home.

For more information about joint pain, cartilage restoration, arthroscopic surgery or other orthopedic questions, you may contact Dr. Norris at McLean County Orthopedics, 309-663-6461.