

PATIENT INFORMATION LEAFLET

Labral Tear



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The 'ball and socket' of your hip joint is formed by the top end of your thigh bone (femoral head) and a hollow in your pelvic bone known as the acetabulum. The surfaces of these bones are covered in a smooth, tough, rubbery cartilage (articular cartilage) that act as shock-absorbers and lubricators during hip movements. Separate to this, a ring of a different type of cartilage, known as the labrum, surrounds the rim of your acetabulum (Figure 1). Your articular cartilage and/or labrum can be torn following an injury or from repetitive movements that cause damage in a more gradual fashion.

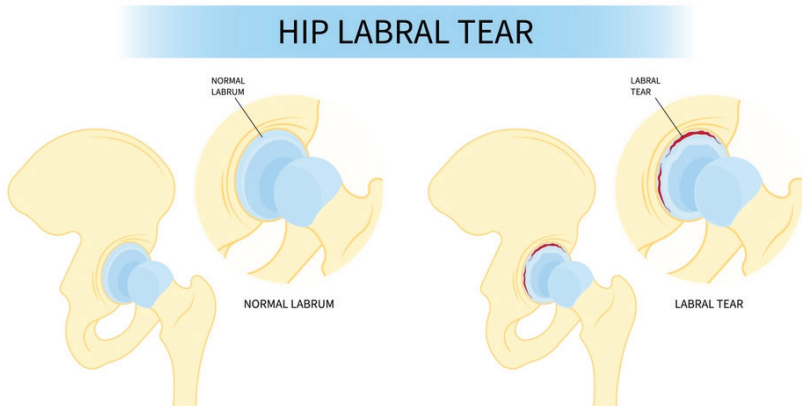


Figure 1

Causes

Contributing factors include:

- ▣ **Femoro-acetabular impingement**

Extra bone on the margins of your femoral head or acetabulum can lead to repetitive, abnormal, contact of these bumps with your articular cartilage or labrum during hip movements. This can lead to damage in a graduated fashion.

- ▣ **Injury**

Sports associated with repetitive high-impact hip movements can cause a tear in a more acute fashion.

- ▣ **Osteoarthritis**

Any condition that leads to wearing of your hip joint eventually leads to labral tears.

Symptoms

A labral tear may lead to the following:

- **Pain** – this tends to be in the groin and often made worse by walking, running and/or impact activities such as sports. As the disease progresses, the pain may also affect you at rest and at night. The pain is often felt in your groin, front of your thigh or buttock.
- **Stiffness** – you may notice difficulties with activities that require you to bend your hip fully e.g. putting your sock or shoes on, trimming your toe-nails, or picking an item off the floor.
- **Mechanical symptoms** - caused by the labral tear catching when you move your hip. This may range from a painless (audible) sensation, to clicking that may be painful. This, in turn, may lead to your hip feeling unstable or giving way.

Diagnosis

The diagnosis of this condition is often made following a clinical assessment. An x-ray of your hip can look for signs of femoro-acetabular impingement and/or osteoarthritis. A labral tear is diagnosed with a magnetic resonance imaging (MRI) with or without injection of a dye into your hip joint.

Treatment

Specific treatment will depend on a number of factors including your age, your overall health and your views on the treatment options.

▫ Rest and activity modification

Whilst labral tears do not heal on their own, if it is small, it is possible to manage your symptoms without repairing the tear. Stop aggravating activity and consider alternative forms of exercises that are lower impact for your hip e.g. swimming, cycling. Consider increasing intensity of activity on a more graduated basis and carrying out warm-up stretches.

▫ Ice Packs

Apply several times daily for a period of 15 minutes each time around area of pain.

▫ Anti-inflammatory medication

If oral preparations do not help, consider topical formulations to rub onto the painful area. Anti-inflammatories may have adverse side-effects if you have certain medical conditions or take certain medications so please consult with your GP prior to commencing.

- **Weight loss**

(If appropriate) to minimise stress on your hip and the risks associated with any future surgical treatment.

- **Physiotherapy**

The aims of physiotherapy are to maintain your hip joint movements, improve muscle tone and strength. For detailed description, please visit [American Association of Hip and Knee Surgeons \(AAHKS\) Home Exercise Programme](#). These exercises are described for those preparing for surgery but may help with managing your labral tear without surgery.

- **Cortico-steroid injections**

This involves an injection of a powerful anti-inflammatory medication into your hip joint.

- **Surgery**

If your symptoms do not settle despite the above measures, you may wish to consider the option of surgery. This can range from key-hole surgery to resect or repair your labral tear, shaving any prominent bone that may have contributed to the tear, to a hip replacement if osteoarthritis is the overriding problem that has led to the labral tear.

Outcome

Patients can avoid surgery by successfully controlling their symptoms with the measures outlined above. Surgery can be successful if performed for the correct indications.



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