

Postless Hip Arthroscopy Using the Hip Distraction System

Surgical Technique



Introduction to Postless Hip Arthroscopy

Postless hip arthroscopy has been shown to reduce the risk of groin-related complications such as genital lacerations and perineal numbness due to pudendal nerve neuropraxia^{1,2} and can be performed using the Hip Distraction System (HDS) with a postless hip arthroscopy pad.^{1,2}

Specifically designed and validated for the HDS, the postless hip arthroscopy pad provides additional positioning support without the use of a perineal post and pad during supine hip arthroscopy procedures. The single-use foam pad has 3 straps that simply attach to the OR bed and patient platform prior to positioning the patient, providing an efficient setup.



Features and Benefits of Postless Hip Arthroscopy Disposables Kit

- Three reinforced straps attach the pad to the OR bed and HDS
- Arc laser marking indicates where the perineal post and pad line up if needed during the procedure
- Kit includes draw sheet for patient mobility and 2 foam pads for the patient's feet
- Specifically contoured for an exact fit to the HDS patient platform

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Place the postless pad over the OR bed so the cutout is flush with the end of the patient platform pad and place the portion of the pad with the black arc laser marking over the top of the patient platform pad.

Note: On wider beds, the pad may need to be positioned closer to the operative side of the OR bed.



Undo the black straps located on each side of the proximal portion of the pad. Slide the long black strap that is closest to the bed through the Clark railings.

Note: Curl up the long black strap to reduce the length if necessary.



Attach the other side of the black strap to the long strap. Repeat on each side of the bed.



4 Place the third strap underneath the patient platform and secure the strap.



5 Place the included drawsheet on top of the bed so it will be in a position near the small of the patient's back when they are placed on the bed.



6 Transfer the patient to the bed in a position appropriate to intubate and administer anesthesia, and then place the blue foam pads on both feet.



7 Flex the HDS traction boots. Place the boots in a location convenient for the patient's feet when the patient is positioned on top of the postless pad.



8 After the patient is anesthetized, use the drawsheet underneath the patient to lift the patient off the table and transfer them down the OR bed so their anterior superior iliac spine (ASIS) is positioned at the corner of the patient platform and pad. To avoid unwanted folding or tearing, do not slide the patient directly over the postless pad. The perineum will be positioned next to the arc laser mark when in the final position under traction.

Note: Lighter patients will tend to slide further down the patient platform when traction is applied, so take this into consideration when initially positioning the patient.

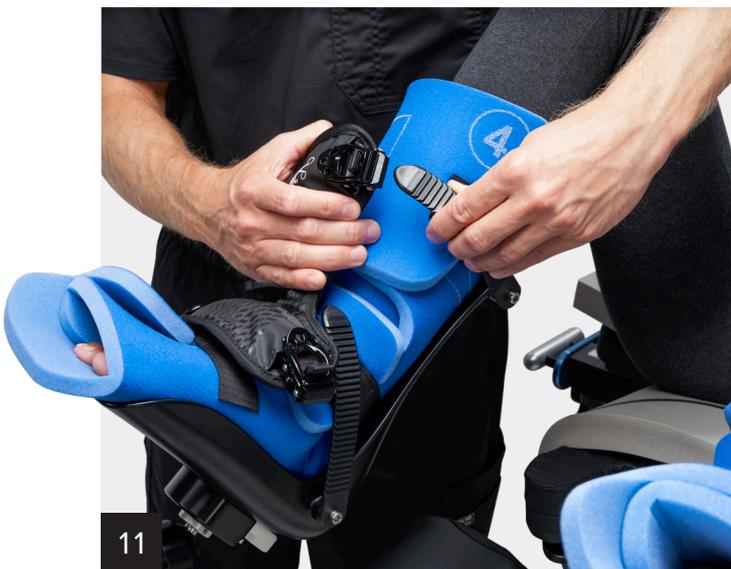


9 Place the patient's feet into the flexed traction boots, ensuring the heel is in the posterior cutout of the boot and as far distal and posterior as possible in the boot.



After the patient's hip is confirmed to be in the correct position for adequate fluoroscopy shots, remove the drawsheet by rolling one side up and then retrieving it from the opposite side of the patient.

Note: By tucking the rolled sheet under the spine, you can log roll the patient and retrieve the sheet from the other side.



Place the instep pad over the top of the foot, and then place the 4 straps on the shell of the boot through the ratchets on the instep pad.



Incrementally tighten each of the 4 ratchets on both of the boots to secure the instep pad against the shin and ankle.

Note: Do not overtighten the ratchets; ensure a finger can be placed in between the blue foam pad and the instep pad. Check for sufficient capillary refill in the toes.



Once both feet are securely placed into the traction boots, unlock the silver lever **(a)** on the inside of the Teletrac carriage just below where the boot attaches on the nonoperative boot and the gross traction carriage by pushing the handle forward. Extend the leg by pulling backward on the sliding Teletrac carriage, and then lock it by pulling up on the handle. Lock the lever on the boot and repeat for the operative side. Internally rotate the operative foot by unlocking the silver lever on the boot to properly position the femoral head in the acetabulum.



With the patient positioned flat or in the Trendelenburg position at approximately 10° to 15°, put the nonoperative leg in slight abduction and pull gross traction.

- Slightly flex and abduct the operative leg and pull gross traction while adducting and extending the leg to distract the operative hip joint.
- Once gross traction is achieved on the operative leg, dial in fine traction to the desired amount of hip joint distraction.

Note: It may be necessary to apply some counter pressure on the patient's body to avoid having them slide further down on the patient platform **(a)**. If adequate traction is not achieved, then the perineal post and pad can easily be put in between the leg spars to create a vector force **(b)**.



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Once adequate traction is achieved, return the bed to a flat position if the Trendelenburg position was used and begin the hip arthroscopy procedure. Once work is completed in the central compartment and traction is released, loosen the 4 ratchets on both of the traction boots to reduce any pressure on the feet. They can be retightened if traction is needed again to access the central compartment.

Ordering Information

Hip Distraction System (AR-6529S)

Product Description	Item Number
HDS Patient Platform	AR-6529-01
HDS Patient Platform Pad	AR-6529-02
HDS Prep Table	AR-6529-03
HDS Prep Table Pad	AR-6529-04
HDS Operative Leg Spar, long	AR-6529-05L
HDS Traction Boot II, qty. 2	AR-6529-23
HDS Perineal Post	AR-6529-07
HDS Perineal Post Pad	AR-6529-08
HDS Table Clamp (US), qty. 2	AR-6529-09
HDS Well Leg Spar, long	AR-6529-14L
HDS Well Leg Spar Adapter	AR-6529-15

Single-Use Disposables

Product Description	Item Number
HDS Disposables Kit	AR-6529-11
HDS Postless Hip Arthroscopy Disposables Kit (a)	AR-6529-22

Clark Rail Clamps

Product Description	Item Number
HDS Table Clamp (EU), qty. 2	AR-6529-10
HDS Table Clamp (UK), qty. 2	AR-6529-18
HDS Table Clamp (DEN), qty. 2	AR-6529-19
HDS Table Clamp (JP), qty. 2	AR-6529-20

Additional Components

Product Description	Item Number
HDS Operative Spar Cover	AR-6529-12
HDS Storage Cart	AR-6529-13
HDS Stabilizer Leg	AR-6529-16
HDS Traction Boot Replacement Pads Kit	AR-6529-17
HDS Perineal Post Pad, dense	AR-6529-21
HDS Traction Boot II, replacement instep pad	AR-6529-24
HDS Traction Boot II, replacement posterior pad	AR-6529-25

Products may not be available in all markets because product availability is subject to the regulatory approvals and medical practices in individual markets. Please contact your Arthrex representative if you have questions about the availability of products in your area.

References

1. Mei-Dan O, Kraeutler MJ, Garabekyan T, Goodrich JA, Young DA. Hip distraction without a perineal post: a prospective study of 1000 hip arthroscopy cases. *Am J Sports Med.* 2018;46(3):632-641. doi:10.1177/0363546517741704
2. Held MB, Tedesco LJ, Lobao MH, Lynch TS. Postless hip arthroscopy: a safer alternative for treatment of femoracetabular impingement syndrome. *VJSM.* 2021;1(3). doi:10.1177/26350254211006733



This description of technique is provided as an educational tool and clinical aid to assist properly licensed medical professionals in the usage of specific Arthrex products. As part of this professional usage, the medical professional must use their professional judgment in making any final determinations in product usage and technique. In doing so, the medical professional should rely on their own training and experience, and should conduct a thorough review of pertinent medical literature and the product's directions for use. Postoperative management is patient-specific and dependent on the treating professional's assessment. Individual results will vary and not all patients will experience the same postoperative activity level and/or outcomes.

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