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## Preface

Seven years elapsed between the first and second editions of *Operative Hip Arthroscopy*. That period signaled a wave of growing attention to the hip. It has been another 7 years to the publication of the third edition. During this time, there has been an explosion of interest in hip arthroscopy with exponential growth in the understanding of hip disorders and technology available for treatment. All of these latest advancements are contained within the pages of this third edition.

The earlier editions set the foundation for the proven fundamentals that have facilitated continuing intellectual and technological revolution. These many arthroscopic innovations have been garnered by a legion of brilliant young clinical scientists with a passion for hip arthroscopy, as well as insight from surgeons who perform open techniques. The revolution of less invasive arthroscopic and endoscopic methods is far from complete, but this third edition of *Operative Hip Arthroscopy* covers all the latest technology available for our patients.

This edition contains the newest advancements in atraumatic access to the joint and provides an understanding of the numerous disorders to be encountered, ranging from FAI and beyond and the current treatments for preservation, restoration, and reconstruction. Management of problems in the central and peripheral compartments is detailed, and we have long been dealing with issues outside the joint such as the iliopsoas tendon. These less invasive methods have now expanded into the surrounding soft tissue regions of the hip. Arthroscopy has evolved into endoscopic techniques for the peritrochanteric space and subgluteal region and even hamstring disorders. We have redefined some disorders such as greater trochanteric pain syndrome, abductor tendinopathies, and subgluteal syndrome previously described with open technology and have newly defined some previously unrecognized problems.

There are unique challenges to hip arthroscopy that should discourage casual consideration of this procedure without clear indication and purpose. The dos and don'ts are clearly emphasized in this text. If you prepare to embark on a case of arthroscopic surgery of the hip, be sure of your indications, be versed in the technique, but read about the complications twice. As my father's chief, Barney Brooks, M.D., chief of surgery at Vanderbilt University, 1925–1952, was quoted as saying to one of his residents “Son, you don't have to learn all the complications for yourself, you can read about a few of them.”

In summary, this textbook details the clinical assessment including examination and imaging that is necessary for patient selection in the decision making process for arthroscopy. The numerous forms of pathology and their treatment are detailed including expectations of outcomes and results. Of equal importance, efforts have been made to discern the underlying etiology and how to address this with the goal of genuinely improving the natural history and progression of many of these disorders.



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