

Best Practice Guidelines for Hip Arthroscopy in Femoroacetabular Impingement: Results of a Delphi Process

Thomas Sean Lynch, MD¹, Anas Minkara¹, Stephen Kenji Aoki, MD², Asheesh Bedi, MD³, Srino Bharam, MD⁴, John C. Clohisy, MD⁵, Joshua David Harris, MD⁶, Christopher M. Larson, MD⁷, Jeffrey J. Nepple, MD⁸, Shane Jay Nho, MD, MS⁹, Marc J. Philippon, MD¹⁰, James T. Rosneck, MD¹¹, Marc R. Safran, MD¹², Allston J. Stubbs, MD, MBA¹³, Robert W. Westermann, MD¹⁴, J. W. Thomas Byrd, MD¹⁵

¹Columbia University, New York, NY, USA, ²University of Utah, Salt Lake City, UT, USA, ³University of Michigan, Ann Arbor, MI, USA, ⁴Srino Bharam, MD, New York, NY, USA, ⁵Washington University, St Louis, MO, USA, ⁶Houston Methodist Hospital, Houston, TX, USA, ⁷Minnesota Orthopaedic Sports Medicine Institute at Twin Cities Orthopedics, Edina, MN, USA, ⁸Washington University, Saint Louis, MO, USA, ⁹Midwest Orthopaedics at Rush, Chicago, IL, USA, ¹⁰Steadman Clinic, Vail, CO, USA, ¹¹Cleveland Clinic, Garfield Heights, OH, USA, ¹²Stanford Sports Medicine Center, Redwood City, CA, USA, ¹³Wake Forest University, Winston Salem, NC, USA, ¹⁴University of Iowa Healthcare, Iowa City, IA, USA, ¹⁵Nashville Sports Medicine Foundation, Nashville, TN, USA

Objectives: Treatment algorithms for the arthroscopic management of femoroacetabular impingement syndrome (FAI) remain controversial due to a paucity of evidence-based guidance. Consequently, significant variability in clinical practice exists between different practitioners, necessitating expert consensus. The purpose of this study is to establish Best Practice Guidelines (BPG) using formal techniques of consensus building among a group of experienced hip arthroscopists driven by the results of a systematic review and meta-analysis. The scope of these guidelines includes preoperative recommendations, intraoperative practices, and postoperative protocols.

Methods: The validated Delphi process and nominal group technique (NGT), utilized by the Centers for Disease Control and peer-reviewed orthopedic literature, were used to formally derive consensus among 15 surgeons in North America. Participants were surveyed for current practices, presented with the results of a meta-analysis and systematic literature review, and asked to vote for or against inclusion of non-leading, impartially-phrased items during three iterative rounds while preserving the anonymity of participants' opinions. Agreement greater than 80% was considered consensus, and items near consensus (70%-80% agreement) were further queried using the NGT in a moderated group session at the American Orthopaedic Society for Sports Medicine (AOSSM) annual meeting.

Results: Participants had a mean of 12.3 years of practice (range: 1-29 years) and performed an annual mean of 249 (range 100 to 500+) hip arthroscopies, with a combined total of approximately 52,580 procedures. Consensus was reached for the creation of BPG consisting of 27 preoperative recommendations, 15 intraoperative practices, and 10 postoperative protocols. The final checklist was supported by 100% of participants.

Conclusion: We developed the first national consensus-based Best Practice Guidelines for the surgical and nonsurgical management of FAI. The resulting consensus items can serve as a tool to reduce the variability in pre-, intra-, and postoperative practices and guide further research for arthroscopic management of FAI.

The Orthopaedic Journal of Sports Medicine, 7(7)(suppl 5)

DOI: 10.1177/2325967119S00318

©The Author(s) 2019