

## **Appendix B**

### **Standardized Operative Procedures**

#### *1. Standardized hip arthroscopy.*

- We have established consensus among ANCHOR surgeons on arthroscopic treatment of central compartment disease including indications for labral repair, debridement of ligament teres and routine utilization of capsular closure.
- Modern labral treatment
  - a. Labral repair – labrochondral detachment with adequate tissue quality for repair
  - b. Labral debridement – poor labral tissue or labral ossification
- Capsular closure a. Suture based closure of arthroscopic capsulotomy (2 or more sutures, closure of at least 75% of capsulotomy)

#### *2. Standardized Peri-acetabular osteotomy*

- Modern PAO technique as described by Clohisy et al(1) will be done which has been established with consensus with the ANCHOR group.
- Correction of fragment will be aimed with LCE angle of >25 degrees and less than 35 degrees with a roof angle less than 10 degrees
- Version of the acetabular fragment will be done to balance anterior and posterior wall coverage i.e. retroversion index less than 20°(2)
- A minimum of 2 screws will be placed for fixation
- If after correction, internal rotation is less than 20 degrees at 90 degrees of flexion the surgeon will remove bony impingement by either subspine decompression and/or femoral head/offset restoration(3).

#### *3. Low-dose preoperative CT*

- Low-dose CTs are utilized as standard of care in preoperative planning of surgical treatment as established by consensus meeting (4).

## **References**

1. Clohisy JC, Barrett SE, Gordon JE, Delgado ED, Schoenecker PE. Periacetabular Osteotomy for the Treatment of Severe Acetabular Dysplasia. *J Bone Joint Surg.* 2005;87A(2):254-9.
2. Diaz-Ledezma C, Novack T, Marin-Peña O, Parvizi J. The relevance of the radiological signs of acetabular retroversion among patients with femoroacetabular impingement. *The bone & joint journal.* 2013;95(7):893-9.
3. Nassif NA, Schoenecker PL, Thorsness R, Clohisy JC. Periacetabular osteotomy and combined femoral head-neck junction osteochondroplasty: a minimum two-year follow-up cohort study. *JBJS.* 2012;94(21):1959-66.
4. Su AW, Hillen TJ, Eutsler EP, Bedi A, Ross JR, Larson CM, et al. Low-dose computed tomography reduces radiation exposure by 90% compared with traditional computed tomography among patients undergoing hip-preservation surgery. *Arthroscopy: The Journal of Arthroscopic & Related Surgery.* 2019;35(5):1385-92.