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