Table S2. Pearls and pitfalls for the "experienced hip arthroscopist" but "novice labral reconstructionist"

Pearls	Pitfalls
- Normal traction utilized - Access to the anterior inferior joint is possible with ability to work through the peripheral compartment when not in traction - Access for anchor placement and graft fixation is made using the distal portal and percutaneously through the anterior inferior capsule - Anchor placement and graft shuttling occurs in traction through the distal accessory portal through the intact anterior inferior capsule - 3 portals are required so that tension can be maintained on the graft when fixing it front-to-back - Anterior acetabulum best visualized from anterior lateral portal - Posterior acetabulum best visualized from anterior medial portal	- Excess traction should not be employed - Anchor placement is critical – the graft is sensitive to eversion and the anchors must be placed perfectly, as close to the edge of the acetabulum as possible without penetrating subchondral bone - Access to entire acetabulum is necessary, and surgeon must be comfortable placing anchors around entire acetabulum - Important to preserve the anterior capsule - Meticulous graft preparation is important so the graft is workable for a reasonable time within the joint without swelling or fraying