

PERIACETABULAR OSTEOTOMY SURGERY

It is important to us that all of our patients know what to expect before surgery, during their hospitalization and after surgery.

Office Visits

Planning begins with your first visit. At this visit, x-rays of your hip, a health history, including current medications and other medical problems are discussed. The objective of the first office visit is to determine whether hip surgery is necessary. This decision is based on many factors including the degree of pain, the severity of limp, extent of activity restriction and your overall dissatisfaction with your hip condition. Your current health status is also an important consideration. After evaluating your x-rays and performing a complete physical exam, Dr. Clohisy will discuss the relative advantages and disadvantages of the surgical procedure and what the outcome should be.

Radiography

You may already have x-rays of your hips, but we may request that new x-rays are taken. Specific views with the hip in various positions are necessary so we can define the bony anatomy of the hip and make individual plans for surgery. X-rays are also used during surgery in order to assure optimal reorientation of the acetabulum.

Scheduling Surgery

Once a decision has been made to have surgery, we will schedule the procedure. Several factors influence the surgery date. The most important factor is your general health. The anesthesia department requires each patient to go through pre-admission testing. This testing is done at The Center for Preoperative Assessment and Planning (CPAP). This testing will be scheduled for you through Dr. Clohisy's office. This will be done within 30 days of surgery. A full history and physical is obtained at this visit. Any other test that may be required is also done, such as, blood work. You will discuss with the anesthesia department your plan of care for general anesthesia.

We will also help you obtain the necessary equipment needed to maintain your independence and hip precautions after surgery. This includes a hip kit and a raised toilet seat with arms. They are provided on-site for your convenience or you may order from any equipment company or online.

Most medical insurance plans do not pay for these particular items.

PRE-SURGERY INSTRUCTIONS:

5 days before surgery please stop all oil soluble vitamins (fish oil, omega 3, and etc.), multivitamins and vitamin E only, herbal supplements (ginkgo biloba, glucosamine-chondroitin, etc.), anti-inflammatory medications (Advil, Motrin, Ibuprofen, Naprosyn, Aleve, Celebrex, Voltaren, Mobic, Meloxicam, Etodolac, Lodine, Indomethacin, Indocin, and etc.), and hormone replacement medications (Estradiol, Prempro, and etc.).

Blood thinning medications such as aspirin or aspirin based products should be stopped 7 days before surgery

Prescription anticoagulant medications (Plavix, Clopidogrel, Coumadin, Warfarin, Pradaxa, Xarelto, Eliquis, Effient, Jantoven etc) should be stopped as directed by Dr. Clohisy's office.

Birth control pills (BCP) should stop at end of menstrual cycle prior to surgery and stay off BCP for 2 cycles. Do not start a pack that you would not complete prior to the surgery. Another form of contraception should be used.

***** You may continue any Tylenol product one week before surgery as needed for pain as directed on the bottle.**

- You must be healthy and free of any cold or infections. You must not have any open wounds, skin sores or rashes at the time of surgery. Please notify the office if you do.
- Leave money, jewelry, and other valuables at home.

The night before your surgery: You should have **nothing to eat after midnight.**

The day of your surgery: **You may drink clear liquids until you have been instructed what time to stop.** (You may drink liquids up to two hours before surgery). Generally at least 24 ounces.

Clear liquids include:

Gatorade	Soda	Apple Juice	Kool-Aid	Lemonade
Tea	Black Coffee	White Grape Juice	Chicken/Beef broth	Chicken/Beef bouillon
Crystal Light	Popsicles	Plain Jell-O	Water	

- Follow skin preparation instructions: Either using the Scrub Care given from the CPAP department or liquid antibacterial soap: Take a shower the night before, sleep in clean sheets and pajamas and take another shower day of surgery.
- Take medications as directed that were given to you by your surgeon's office (Naproxen and patch)

If you have any questions please call your surgeon's office.

SURGERY DAY AND THE HOSPITAL COURSE

On the day of surgery, you will report to the same day surgery area and checked in by the admission nurse/team. You will then be assisted to a holding area where a member of the anesthesia team will start an IV in your arm and review your health history. You will also meet the operative team. During surgery your family will be asked to wait in the hospital surgical waiting area. A receptionist will be available to answer questions and keep family members posted on progress as the operative team informs them every two hours. After surgery you will be taken to the post anesthesia care unit (PACU). Most patients stay in the PACU for 2-3 hours before going to the orthopaedic inpatient unit.

Orthopaedic Unit Admission

Upon arriving to the orthopedic floor, a nurse will review your history and surgery performed. The nurse will familiarize you with your room and the floor routine. Your vital signs will be checked as ordered by your surgeon. Active care pumps on your calves will be used to help prevent blood clots. The incision will be covered by a bandage. An IV will be used to administer antibiotics and pain medications. You may receive oxygen through nasal cannula for 24 hours to help you breathe. Vital signs will be taken frequently and will become routine after the first several hours.

Pain Management

Immediately following surgery, we will manage your discomfort by using intravenous pain medications along with oral medications. The intravenous method is delivered directly into your IV. You will begin to feel progressively better each day and the postoperative discomfort will diminish. During the first postoperative day your pain medicine will be changed to oral pills.

Postoperative Physical Therapy

You will get out of bed day of surgery. On the first day following surgery all patients will start physical and occupational therapy. You will be foot flat weight bearing and have certain hip precautions. The physical and occupational therapist will show you all your restrictions and exercises including gait training with an assistive device. They will also work with your activities of daily living and show you how to ascend and descend stairs. A CPM machine will be used for gentle motion of the hip. You will go home with the CPM machine to be used 4-6 hours per day for 4 weeks. The case manager will arrange for the delivery to your home.



Discharge Planning

Before discharge to home, a case coordinator will be assigned to each patient and will make sure that the patient receives physical therapy in the hospital, family training on how to manage at home, and necessary home care services.

A normal hospital stay is 2 days. You will be homebound for approximately 1-2 weeks after surgery. You may need help getting in and out of bed safely, going up and down stairs, bathing, getting a meal, putting out the trash, or caring for a pet. It is helpful to make arrangements for someone to be with you for at least two weeks, after you go home. We think home is the best place for patients to recuperate with the help of family and friends. You are not allowed to drive until full weight bearing, have complete control of the operative leg, and off narcotic pain medications. Most patients with a desk job can return to work between 4-6 weeks, while a manual laborer or more active worker should return 3 -4 months after surgery. You may return to work when you are ready and the hip is healed. Off school for 4 weeks.

Follow- up visits

Follow-up examinations are very important. Visits are scheduled at four weeks, 4 months, and twelve months. After that yearly visits are then required. At your first scheduled visit, your surgeon will increase your weight bearing status. Most patients are allowed to be full weight bearing after their 4 week appointment.

PERIACETABULAR OSTEOTOMY SURGERY (PAO) QUESTION AND ANSWERS ABOUT RECOVERY AFTER SURGERY



Follow-up appointment: _____
_____ 4 weeks foot flat weight-bearing status
_____ 8 weeks foot flat weight-bearing status

After your periacetabular osteotomy surgery, you may have questions about physical therapy, activity restriction, medications, return to work, and follow-up. The recommendations below should address many of these issues.

- **Should I participate in Physical Therapy after surgery?**

Yes - Postoperative physical therapy is a very important part of your recovery. It is important to continue therapy at home to work on gentle range of motion and strengthening exercises all within the comfort level of your hip as prescribed. You will use the CPM machine to 60° of flexion for 4-6 hours/day for 4 weeks. You may need to use your hip kit for your activities of daily living and raised toilet seat for 4 weeks. After your first appointment you will be given an outpatient physical therapy prescription to advance your weight-bearing status and increase strengthening exercises. You will likely require 4 months of therapy before you have maximized your recovery.

- **When can I discard the crutches?**

You will progress to the next level (crutches → one crutch/cane → no support) when your physical therapist provides useful feedback about the timing of this transition. In general, you will use an assistive device until you can walk without a limp which will take 1-3 months.

- **How should I treat the hip incision?**

Your incision is usually closed with sutures under the skin and with a clear liquid that seals your incision and a Telfa/Tegaderm dressing. Leave clear dressing in place at all times- DO NOT RUB, SCRUB or PICK at clear dressing- you can trim the edges of the clear dressing as needed to prevent snagging. Remove the clear dressing 7-10 days after surgery. IF you remove the clear dressing and there is glue on your incision-- allow it to fall off by itself. IF YOU HAVE DRAINAGE under the clear dressing before it is due to be removed, call your surgeon's nurse as soon as possible for further instructions. You may shower after 3 days after surgery. If you note any new drainage under clear dressing please call (nurse) for further instructions. Do NOT submerge your incision (in a tub, hot tub, pool, lake, river, etc.) until it is

healed and your surgeon says it's ok. Do not use lotions, oils, alcohol or creams on your incision once your clear dressing has been removed for 1 month.

If staples were used, staples are removed at 2 weeks post-op. You will have the Telfa/Tegaderm dressing.

- **When can I begin driving?**

When you are bearing full weight on the extremity, have muscle control of the extremity and you are comfortable with driving.

- **When can I return to work/school?**

If you have a light duty/desk job, you may return to work after you are evaluated at the 4 week follow-up. Physically demanding jobs may require up to 3-4 months of recovery before returning to work. Return to school after 4 weeks.

- **What kind of activities can I resume?**

You will gradually advance your activities beginning with physical therapy. You may gradually begin exercising activities such as, swimming, water exercises and non-impact activities all within the comfort level of your hip after 4 weeks. You may advance to more strenuous activities as tolerated (tennis, golf, hiking) at 3 months. If you experience pain with any activity, adjust the activity accordingly.

- **When should I stop the medications?**

You may require pain medication for the first 2-3 months after your surgery. Narcotic prescriptions will be given at discharge and as need there often. You will take an enteric coated 325mg aspirin twice a day for 6 weeks **(NO ADDITIONAL ANTI-INFLAMMATORY MEDS AT THIS TIME FOR 4 MONTHS).**

In the interim, any questions about physical therapy, activities, return to work, or any concerns or problems - please feel free to call. Nearly all of these issues can be addressed easily by telephone.

Dr. John C. Clohisy M.D.
Daniel C. and Betty B. Viehmann Distinguished Professor of Orthopaedic Surgery
Vice Chair
Chief Adult Reconstruction
Director Adolescent and Young Adult Hip Service

Madelyn Curry R.N. F.A., B.S.N. ONC: Phone 314-747-2494
Clinical Nurse Coordinator