

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 factors are your general health, time needed to donate your own blood and an appointment with the anesthesia department. 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 one month 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, urine tests, chest x-ray, or EKG. You will discuss with the anesthesia department your plan of care for general anesthesia and epidural placement for postoperative pain management.

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

Blood Donation

Blood transfusion may be necessary during or after PAO surgery. We recommend that you donate 2 units of blood. Donating your own blood for surgery is recommended because you may require a blood donation after surgery. During surgery we "recycle" or re-infuse the lost blood. This process collects the blood that is lost during the procedure and returns it back to you through the intravenous line by the anesthesia team. This helps to decrease the number of units of blood needed postoperatively.

PRE-SURGERY INSTRUCTIONS:

- Begin taking an iron supplement one time a day with meals. Start one month prior to your surgery date.
- Leave money, jewelry, and other valuables at home.
- We will have you remove fingernail polish, makeup, hair accessories, jewelry, glasses, contact lenses or anything else removable from your body.
- If you take NSAID's (i.e. Aleve, Ibuprofen, Advil, Celebrex, Voltaren, Relafen), aspirin or aspirin containing medication, vitamins and herbal supplements, or a blood thinner you must **stop 1 week prior to surgery.**
- BCP's should stop at end of menstrual cycle prior to surgery and stay off BCP for 2 cycles. Another form of contraception should be used.
- You must be healthy and free of any cold or infections.
- **DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT BEFORE YOUR SURGERY.**
- 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.

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 place an epidural catheter for postoperative pain management. 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 (7300 or 7400).

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. There will be surgical drainage tubes from underneath the bandage that collects blood from the wound and an IV will be used to administer antibiotics, pain medication and blood transfusions. 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, the anesthesia team will manage your discomfort by using intravenous pain medications and epidural anesthesia. The epidural method consists of a tiny catheter in your back that was placed in the holding area prior to surgery. The epidural catheter is usually used for the day and night of surgery. The epidural and the intravenous pain methods are connected to patient controlled analgesia (PCA) pump. This allows you to have control over your medication for pain. When you feel pain, you simple push a button to give yourself a dose of medicine. The pump delivers the correct amount of medicine safely and quickly. 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 and second postoperative days your pain medicine will be changed to oral pills.

Postoperative Physical Therapy

You will be on bed rest the day of surgery. On the first day following surgery all patients will start physical and occupational therapy. You will be touch down 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.



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 2-4 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 and complete control of the operative leg is achieved. 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.

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 each 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 toe touch weight-bearing status

_____ 8 weeks toe touch 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?**

You cannot take a shower until the staples have been removed 2 weeks from surgery unless you have been given waterproof dressings. If you do not have staples, you may shower one week from surgery if your incision has been dry for at least 2 days. You should change your dressing daily. Generally, moisturizers, lotions, and creams are not recommended for the first 4 weeks after surgery. The normal skin healing process will complete its course without topical treatments. If there are any problems with the incision, especially drainage of fluid, bleeding, redness, pain or swelling- please call us immediately. You should put ice on your hip 3-4 times a day over the first 7-10 days. This is especially helpful after your therapy sessions.

- **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?**

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.

- **When can I remove the Active Care Pumps?**

You will use the Active Care Pumps for a total of 10 days. You must wear those 22 hours per day

- **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). After 6 weeks you may take anti-inflammatory or aspirin based medicine.

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.