



PERIACETABULAR OSTEOTOMY  
LABRAL REPAIR/DEBRIDEMENT  
FEMORAL OSTEOCHONDROPLASTY

PATIENT EDUCATION





*Welcome to the University of Kentucky Hospital.*

*We are committed to providing you with exceptional care and service in a safe and comfortable environment during your stay.*

*We promise to:*

- Introduce ourselves each time we meet you or one of your family members or visitors.
- Explain and answer questions about tests, treatments and procedures.
- Explain what we are doing to care for you and each day review that daily plan with you.
- Provide you with timely care and treatment.
- Be responsive to your needs and count on you to tell what you need.
- Teach you what you will need to know in order to care for yourself or loved one when you leave us.
- Treat you with respect and dignity, and we appreciate you treating us in the same manner.

## **Periacetabular Osteotomy (PAO)**

Periacetabular osteotomy is a surgical procedure indicated for the treatment of specific hip disorders including hip dysplasia. With this procedure, the bones around the socket (the acetabulum) are cut to allow the socket to be reoriented into a better position. Dr. Duncan and his team can also surgically correct and treat problems in the hip including labral tears and excess bone on the femur.

### **Why Would Periacetabular Osteotomy Be Performed?**

Periacetabular Osteotomy can be used to surgically treat congenital or developmental deformity of the acetabulum known as dysplasia. If this condition remains untreated, secondary arthritis eventually develops. Therefore, in order to relieve symptoms and improve the prognosis of the hip, this surgery is done to correct the bony anatomy and help normalize the load across the joint.

### **How is the surgery performed?**

Periacetabular osteotomy is performed with the patient lying on his/her back so that we can have access to the affected hip. If a hip arthroscopy is needed to evaluate the condition of the cartilage or repair a torn labrum, this will be performed first through two small incisions in the front of the hip. Acetabular labral tears can be repaired with “suture anchors.” These devices are anchored in the bone of the hip socket and the attached suture is used to refix the torn labrum. In cases of femoroacetabular impingement, abnormal bone protrusions can be removed with a burr. These bony protrusions may occur along the femoral head/neck region. If the articular cartilage in the joint has been lost, small holes may be drilled into flat, bony areas of the hip. This procedure, “microfracture,” encourages the formation of new “repair cartilage” in the area of cartilage loss.

Then, we will make an incision along the front of the hip near the groin. The muscles around the hip socket will be retracted to gain access to the bones around the acetabulum. Using specialized osteotomes (sharp metal blades), the bones around the hip socket (pubis, ischium, and ilium) will be cut while staying out of the hip joint itself. Once these cuts have been completed and connected, the acetabulum will be free to be reoriented into a better position. This new position of the socket will be held temporarily in place with wires. The correction will be checked with x-ray. If the correction appears to be at the desired position, these wires are exchanged for screws that will hold the acetabulum in position until the cut bones ends have a chance to heal. The skin is then closed over drains to prevent fluid from collecting near the hip joint.

### **What Can I Expect from Periacetabular Osteotomy?**

Every patient is unique, and the details of periacetabular osteotomy procedures can vary. In general, periacetabular osteotomy is performed under general anesthesia. You will be asleep during the procedure and you will not remember your surgery.

The length of the procedure largely depends upon the type of procedure being performed (does a hip arthroscopy need to be performed as well?). Most procedures last four to six hours. Periacetabular osteotomy is performed on an inpatient basis with a 2-3 day stay in the hospital.

### **What Can I Expect in Recovery from Periacetabular Osteotomy?**

After periacetabular osteotomy, you will be on crutches for four weeks, placing 20 pounds of weight down on your operative leg. You will be given oral pain medicines to manage the surgical discomfort. Physical therapy will start immediately after surgery with crutch training, gentle range-of-motion and active exercises. A CPM (continuous passive motion) machine will be used for one month to restore motion to the hip and help healing of the joint.

Dr. Duncan will outline a progressive physical therapy program for you to rebuild strength in the muscles around the hip joint. Most patients require 12 weeks of physical therapy to restore strength and mobility in the hip, but every patient is unique. In six weeks to two months, you should be able to resume most of your normal, everyday activities. However, it may take three to four months for the hip to fully recover from surgery. In many cases, the hip continues to improve for 12 to 18 months after surgery. Return to full sport activity is usually four months after the procedure.

Following periacetabular osteotomy, it is very important to maintain your schedule of routine appointments with Dr. Duncan and his team so they he can monitor your progress after surgery.

### **Who is a Candidate for Periacetabular Osteotomy?**

Periacetabular Osteotomy is generally performed on patients who are physically active, have hip pain, and a hip disorder that has not gone onto end-stage osteoarthritis that would otherwise be best treated with a total hip replacement. This usually involves patients with a history of hip dysplasia, Perthes, congenital disorders, or retroverted acetabular sockets.

### **What are the Risks and Benefits of Periacetabular Osteotomy?**

All surgical procedures carry some risks. In general, periacetabular osteotomy is safe and the major complication rate is low. Potential complications include but are not limited to infection, blood clots, nerve damage to the femoral or sciatic nerve, bleeding, fracture, continued pain, heterotopic bone formation, nonunion of the bone cuts, scar tissue formation, instrument breakage, and anesthesia problems.

For those who are appropriate candidates for periacetabular osteotomy, it may avoid or postpone the need to undergo total hip replacement. In some cases, periacetabular osteotomy may fully address a hip problem with no need for further surgery.

## **PREPARING FOR YOUR SURGERY**

Your doctor will schedule your surgical procedure. Depending on the procedure, most patients will stay in the hospital for two to three days before going home. Be sure to ask your doctor what you should expect during your visit.

Now that your surgery has been scheduled, **Pre-Admission Testing (PAT)** allows you to complete the admission process prior to the scheduled day for your procedure or surgery. It provides us time to evaluate your health status, talk with anesthesia, and reduce the chance for a delay or cancellation of your planned procedure or surgery.

### Days Before Surgery

- You will receive a call to confirm your arrival time. If you don't, please call the day prior to your surgery to confirm your time.
- Call our office if you have a fever, infection, cold symptoms, or other illnesses.
- Call the office with any questions.
- Arrange for physical therapy appointment 1-2 following your surgery (you will receive therapy script at time of surgery).

### Night Before Surgery

- Eat a good dinner.
- TAKE NOTHING BY MOUTH AFTER MIDNIGHT. Failure to comply may result in cancellation of your surgery.
- Only blood pressure or heart medications should be taken with a very small sip of water.

### Day of Surgery

- Wear loose, comfortable clothes.
- Someone should accompany you and be available to take you home in 1-2 days.
- Leave all valuables at home.

### Things to Bring

- Bring crutches if you have them to use following surgery.
- Bring a list of all current medications.
- Insurance card

## **PRE-OPERATIVE INSTRUCTIONS**

### Medications

Stop the following medications 7 days prior to surgery:

- Aspirin, Motrin, Ibuprofen, Aleve, Naproxen (NSAIDS)
- Hormone replacement therapy

Do not take the following medications the night before or the morning of surgery:

- Metformin, Glucophage or other diabetic medications.

Stop the following medications one month prior to surgery and for 2 months following surgery:

- Birth Control Pills

Please check with your doctor or surgeon if you have questions about which medications to take.

### Smoking (Tobacco)

- Tobacco and nicotine decrease blood flow to your skin and the repaired structures in your hip. We recommend stopping smoking for 2 weeks prior to surgery and 4-6 weeks following surgery to allow for optimal healing of these repaired structures.
- If you would like to quit, tell your doctor or nurse that you would like to learn more as they can direct you toward ways to help quitting.

### Skin Preparation

Shaving:

- If you want to shave your face, legs or underarms, etc., you must shave before your evening shower/bath. Do not shave on the day of surgery. You may shave after the surgery has been performed.

### 1<sup>st</sup> Shower

- The evening before surgery, take a shower and wash your entire body, including your hair and scalp in the following manner:
  - Wash hair using normal shampoo. Make sure you rinse the shampoo from your hair and body.
  - Wash your face with regular soap or facial cleanser.
  - Using a clean, fresh washcloth and the surgical prep, wash from your neck down.
  - Rinse your body very thoroughly.

- Using a clean, fresh towel, dry your body. Dress in freshly washed clothes.
- Fresh clean sheets and pillowcases should be used after this shower/bath.

### 2<sup>nd</sup> Shower

- On the day of surgery, you will need to repeat the shower in the following manner: Must use ½ of the bottle for the 2<sup>nd</sup> shower:
  - Wash hair using normal shampoo. Make sure you rinse the shampoo from your hair and body.
  - Wash your face with your regular soap or facial cleanser.
  - Using a clean fresh washcloth and the surgical prep wash, wash from your neck down.
  - Rinse your body very thoroughly.
  - Using a clean, fresh towel,, dry your body. Dress in freshly washed clothes.

### After Showering

- No Lotions, Creams, Vaselines, Powders, Hair Products.
- Underarm deodorant may be used, but must not contain powder.

### Please remove the following prior to surgery:

- Nail polish
- Makeup
- Hair pins, rings
- Contact lenses – bring/wear glasses to surgery
- Remove dentures.

## **SURGERY DAY AND THE HOSPITAL COURSE**

The day of surgery, you will report to the hospital admitting area. You will be checked in by the admission nurse/team to make sure your medical workup has been completed and all necessary information including a copy of your preoperative history, physical, and lab tests have been received. You will then be assisted to a holding area where a member of the anesthesia team will start an IV in your arm. You will also meet the operative team.

During the procedure, your family will be asked to wait in the surgical waiting area. A receptionist will be available to answer questions and keep family members posted on progress.

Surgery generally takes 4 to 6 hours. After surgery, you will be taken to the post anesthesia care unit (PACU). At this time, the surgeon will contact your family to discuss the surgery. Most patients stay in the PACU for 2-3 hours. You will be admitted to the floor and stay 2-3 days before going home.

While you are in the PACU, you can expect to be given food, water, and pain medicine shortly after arrival. Early pain control will assist you with your recovery, and for preparation to be sent to the floor in the next 2-3 hours.

## **IN THE OPERATING ROOM AND RECOVERY ROOM**

### WHAT THE PATIENT CAN EXPECT

- Before you go to the operating room, the Anesthesiologist will talk to you prior to surgery to answer any of your questions. He or she is a doctor trained in monitoring your health and controlling your pain while you are in the operating and recovery room.
- Before surgery, a nurse or doctor will start an “I.V.” (intravenous) line, usually in your arm. This line is needed so that the doctor can give you medication to help make you feel relaxed and sleepy prior to and during your surgery.
- You will be taken to the operating room by a staff of specially trained nurses and doctors.

### AFTER YOUR SURGERY

- The operating room staff will take you to a recovery room after your surgery is finished. Your nurse will check your blood pressure, heart rate, and breathing frequently during this time, until you are fully awake from your anesthesia. You will be in the recovery area approximately 2-3 hours after your surgery.

### WHAT CAN THE FAMILY EXPECT?

- Go with you to the surgery check in and waiting area.
- Your surgery may not start at the exact time listed on your pre-op instructions. This may be due to the length of the surgery before yours.
- It is VERY important that you arrive ON TIME (or even a few minutes early) to “check-in” before surgery. It is a good idea to bring a book or newspaper in the event that the surgery before yours takes longer than expected.

## DISCHARGE PLANNING/WORK/SPORTS

Before discharge to home, we will make sure that the patient receives everything needed for postoperative recovery including therapy and medicine prescriptions, and ordering CPM machine.

You will be homebound for approximately 7-14 days 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 1-2 weeks after you go home. We think home is the best place for patients to recuperate with the help of family and friends. If surgery was on your right hip, driving is not permitted until after you are released from crutches by Dr. Duncan. If surgery was on your left hip, driving is not permitted before post-op day #5, and then only if you have stopped taking pain medicine and feel you can drive safely. Most patients with a desk job can return to work between 2-4 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.

Patients wanting to return to sporting activity must wait 3 months before they can run without cutting/pivoting activities. Patients may return to sport-specific activities at **4 months**, but this does not mean that your body will be ready to compete at 100%. We recommend that you transition into playing again so that you do not sustain another injury to your hip or elsewhere in your body. Working with your therapist and/or trainer will help to determine when you are ready to return to your sport at a competitive level safely.

PLEASE CALL YOUR DOCTOR'S OFFICE FOR

- Pharmacy refills
- Physical therapy orders
- Disability forms

After hours calls are for Questions About Your Medical Condition.  
**NOT** for appointments or pharmacy refills!!!