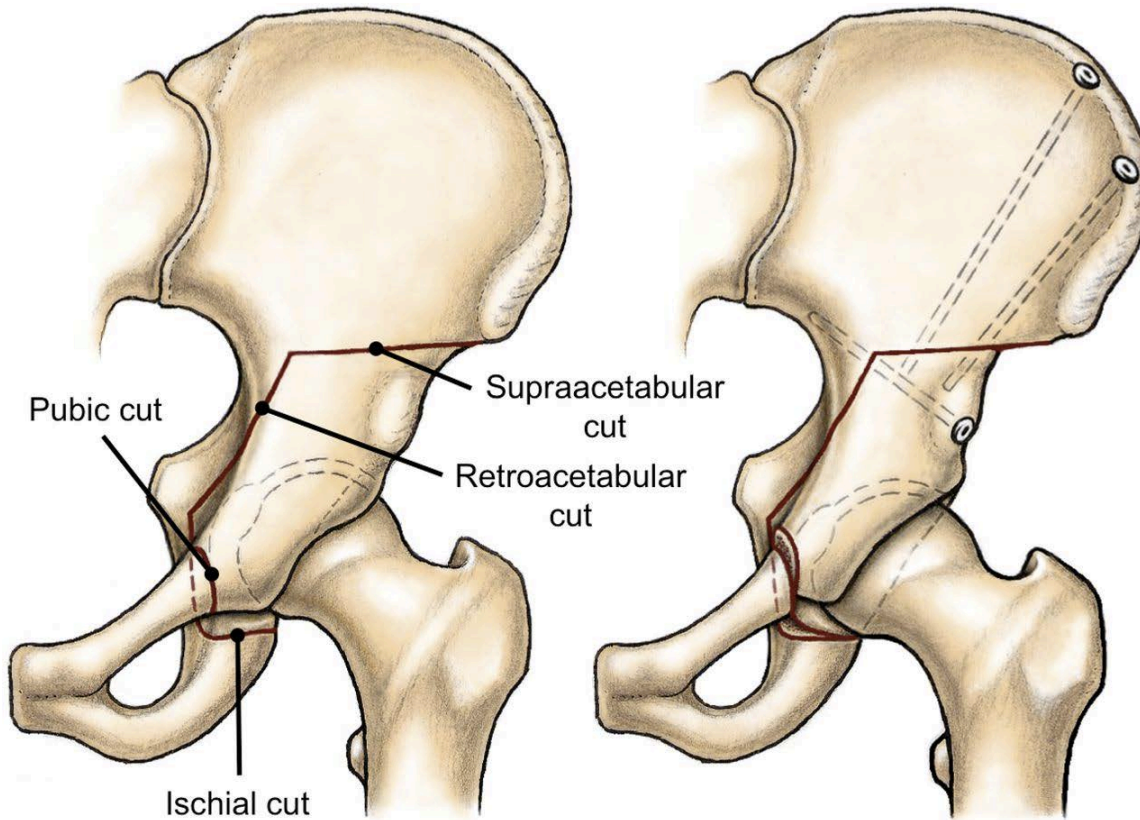


PERIACETABULAR OSTEOTOMY (PAO)



What is a Periacetabular Osteotomy?

Periacetabular Osteotomy, or P.A.O, is a surgical treatment for acetabular dysplasia that preserves and enhances your own hip joint rather than replacing it with an artificial part. The hip joint consists of two parts: the acetabulum (the socket), and the femoral head (the ball). The labrum is the lining of the acetabulum and acts like a cushion or seal to hold the joint together.

Acetabular dysplasia is when the hip socket is too shallow and the ball is not completely covered. This can cause high stress on the outer edge of the acetabulum and the labrum. This causes pain and can ultimately lead to arthritis. The goal of this procedure is to decrease the pain in your hip and to delay or decrease the chance of arthritis, which may eventually lead to a hip replacement.

How is this procedure done?

“Periacetabular” means around the acetabulum, and “osteotomy” means to cut bone. In other words a P.A.O. procedure means to cut the bone around the acetabulum. Through a series of three carefully controlled cuts, the acetabulum is detached from the pelvis and rotated to a position in which the acetabulum and cartilage will now more completely cover the femoral head. The new position of the acetabulum is then secured with 3-4 screws to ensure correct positioning while the bone is healing.

The surgery usually takes 4 to 6 hours. Due to the cuts in the bone during this procedure, blood loss is a possibility and you may require a blood transfusion. Extra precautions are taken to minimize such loss and your Physician will go over this information at your pre-op visit.

What happens after surgery?

Once you are fully awake in the recovery room you will be transferred to the Pediatric ICU for three days and then transferred to inpatient nursing unit for an additional three to four days.

You will have an epidural for three days to assure good pain relief and comfort until oral pain medication can be tolerated. This is placed in the operating room while you are asleep. You will be on bedrest for those 2 to 3 days.

The incision will be covered with dressing to collect any bleeding that occurs after surgery. Ice bags can be applied to the incision area to help with pain and swelling.

You will have a Foley Catheter in your bladder. This is placed while you are asleep in the operating room. This catheter will drain your urine into a bag so you will not have to get out of bed to use the bathroom. The catheter will stay in place until 24 hours after the epidural is removed and you are able to get in and out of bed.

You will also have TED hose (white elastic stockings) on both legs. You will also use a device called SCDs (sequential compression device) that gently squeezes the calf or the foot to help prevent blood clots. **Make sure that both TED hose stockings and SCD are applied to both legs while you are in bed at the hospital.**

What are my activity restrictions?

Physical Therapy will help you get out of bed and learn to use crutches or a walker to transfer or walk. Physical therapy will supply the crutches and you will take them home with you. **You may touch your foot to the ground for balance only (foot flat/toe touch weight bearing).** You cannot put any weight on the foot of the hip that was operated upon because placing full weight on the operated side prior to bone healing can cause the screws to bend or break and the acetabulum (hip socket) to lose correct positioning. When you see your doctor at your 6 week follow up appointment he will let you know when you are able to begin to increase your weight bearing and begin walking without crutches.

Your Doctor may have ordered an **Abduction Brace**. This will help prevent improper positioning and accidental crossing of your legs. This will be measured for and ordered at your pre-op appointment. Gently bend your leg at the knee to help prevent stiffness in the hip and help with pain control.

How will my pain be managed?

Your pain will most likely be managed with a spinal-epidural catheter. This is a very small straw-like device that is inserted into your back during surgery while you are asleep. This catheter will deliver continuous pain medication into your back close to the spinal cord. This will be a mixture of local numbing medicine and pain medicine. While the epidural is in place your nurses will be monitoring you closely to make sure that you are still able to feel and move your legs and have minimal amount of pain. The epidural will stay in place for the first 48 to 72 hours in the ICU.

What can I do with my hip?

You will learn exercises for your ankle and thigh muscle to do at home. They will help strengthen your leg. It will be difficult for you to lift your leg upward after surgery as one of the bone cuts is near the tendon that facilitates this movement. Strength will return in about 6 to 8 weeks. You may begin isometric quad sets, calf pumps, and gentle range of motion exercises as tolerated. Let pain and swelling be your guide as to how much you do. Formal outpatient physical therapy prescription will be given day of surgery, and will start the 2nd to 3rd week after surgery. Please call ahead and set appointment prior to beginning therapy.



Ankle Pumps:



Quad Sets:



Post-Operative Instructions

Medications: You will be given prescriptions for medication to take at home. These will include pain medications and stool softeners to prevent constipation.

- Diazepam can be taken every 6 to 8 hours as needed for muscle spasms.
- Percocet or Norco can be taken every 4 to 6 hours as needed for pain. It is important to remember that these pain medications have acetaminophen in them so please do not take any additional acetaminophen or Tylenol with them.
- Colace with Senna should be taken every 12 hours while constipation symptoms are present. This medication is a stool softener with a laxative. Once you have had a normal bowel movement you may stop taking this.
- Aspirin or a blood thinner to prevent blood clot will be prescribed if indicated for a total of three weeks from surgery.
- You can stop taking your pain medication whenever you feel you can. A good way to wean off the pain medication is to increase the time between doses. For example if you are taking 1 tablet every 4 hours extend that time to every 6 hours, then every 8 hours and so on. **Ibuprofen is a great alternative to narcotics for pain control.** Take Ibuprofen as directed on the bottle. It is recommended that you are off all narcotic pain medication before returning to work or school.

Equipment

The equipment that is advised for this surgery is a wheelchair, walker, elevated toilet seat

and a shower chair. It is best if you check with your insurance and see if these items are covered under your insurance plan. If they are covered, they can be ordered by the hospital medical social worker prior to your discharge. You can bring them home or delivered to your home. If your insurance does not cover the items it is cheaper to rent or buy at your local medical supply company or thrift store.

Work/School

It is recommended that you take 4 to 6 weeks off from school. You should not go to school until you are able to stop taking your narcotic pain medication. Please let the nurse know if you need any letters from the doctor. You may not go back to work until your Doctor has released you to do so.

Travel via air following your surgery

If you are travelling via an airplane after surgery, we recommend that you stay in the city for at least 14 days following your surgery. We must see you in the office prior to your travel, so please make sure that you are given an appointment to see us.

Wound Care

Remove dressing in 5 days. You will see pieces of tape along the incision called “steri-strips.” Leave these on until they fall off in about 2 to 3 weeks. Leave the incision open to air.

Showering

You may shower 5 days after surgery. You can allow soap and water to run down the incision, but do not scrub the incision. Pat the incision dry with a towel after showering, trimming the strips as they roll up. Do not force or pull steri-strips off. Do not soak in a tub or pool until cleared by your physician.

Weight Bearing

Crutches/walker will be used for up to 3 months. Your beginning weight bearing status will be (touch) your foot to the floor flat, but **no weight** until you are instructed. At your 6 week post-op appointment your surgeon will allow you to progress weight-bearing to full weight until you are able to walk with without



crutches and a limp.

Follow-up Appointments

- 2 weeks after surgery: you will have pelvis x-ray and your physician or physician assistant will check the wound and make sure that your pain is well controlled.
- 6 weeks after surgery: you will have X-rays taken and an exam. If the bone is healed you will be able to start putting all of your weight on your leg. You will also start a Physical Therapy program at home as well as an outside facility.
- 3 months after surgery: you will have X-rays taken and an exam. Your physician will talk to you about getting back to your normal activities.
- 6 months and one year after surgery: you will have X-rays taken and an exam to make sure everything is going well.

*If you experience severe pain that your pain medication does not relieve, you should let us know. If you experience a temperature **over 100.4, redness or swelling in your thigh or calf or shortness of breath**, please contact our nursing line immediately.*


During normal business hours please call: (916) 453-2182. Evenings and weekends please call: (916)453-2000, and ask for the Pediatric Orthopedic Surgeon On-Call or Nursing Supervisor.


PRE-SURGICAL CHECKLIST

Remember: you **may not take any medications containing aspirin, ibuprofen (Motrin, Advil, or Aleve) two weeks prior to your surgery. These medications can increase your risk for bleeding during your surgery. We also advise that you discontinue your oral contraceptive pills to decrease risk of blood clot.**

- Before your procedure you may require lab work, medical clearance and/or additional testing. Please make sure to discuss any medical conditions and medications with medical staff to help determine if additional testing is required.
- If you are given a prescription for a local medical clearance with your PCP/Specialist, please make sure that the testing is scheduled within 14 days of your surgical procedure & that the results are faxed to the office at 916-453-2359.

- You will be called and offered a surgery date by the surgery scheduler.
- The hospital will contact you by 2:00pm one to two days prior to your scheduled procedure to inform you of your arrival time. If you happen to miss the call, please call 916-453-2100.
- You will be required to have a pre-op appointment within 30 days of surgery date.

 **Planned Procedure:** Periacetabular Osteotomy of the hip. You may or may not have a hip arthroscopy and/or an osteotomy of the femur at the same time or staged weeks apart. Your surgeon will determine the plan prior to surgery.

 **Surgeon's Name:** Brian M. Haus, M.D.

 **Length of Stay in the Hospital:** 5-7 days

DISABILITY/FMLA PAPERWORK

- If you are planning to file any disability paperwork for compensation, please bring paperwork with you to the pre-op appointment and your medical social worker will be notified.
- Fill out all your personal information on the forms, leaving only the medical sections blank. Paper work will be submitted to medical records and forwarded to the correct Case Manager or Physician. This process will take a 2 to 3 week turn around.

