

ERNEST L. SINK, M.D.
Pediatric and Young Adult Hip Surgery
Center For Hip Preservation
Hospital for Special Surgery
Tel: 212.606.1268 / Fax: 212.606.1685

SURGICAL DISLOCATION OF THE HIP

What is this procedure?

The procedure you are having is called a surgical dislocation of the hip. New advances in surgery allow your surgeon to look directly at the area of your hip that is causing pain. Being able to look at the affected area allows your surgeon to reshape the bones and fix tears in your cartilage so your hip will function better. In most cases the reason you are having this surgery is for a condition called "Femoroacetabular Impingement". This occurs when the upper part of your femur (the long bone of your upper leg) and the hip socket are shaped in a way that they catch (or impinge) on each other as you flex or bend your hip. With all your activities this constant impingement can cause cartilage injury and pain. It can lead to tears of the lining of the hip socket (the labrum) or damage to the cartilage in the hip socket. One of the goals of the surgery is to lessen your pain by reshaping the bones so the hip cartilage will not be under constant stress. Another goal is to preserve your hip joint and lessen the chance of arthritis.

How is this procedure done?

A cut (incision) will be made on the side of your leg. A 1.5 cm thick piece of bone will be cut from the upper part of the femur bone called the Greater Trochanter, to gain access to your hip joint. This cut allows the surgeon to leave all the muscles attached to your bone and safely dislocate your hip. After repairing the impingement your surgeon will place three screws into the cut bone to hold it together while healing. In some cases the lining of the hip socket may also need to be repaired with small screws. The surgery usually takes about 2-3 hours.

Remember: you may not take any medications containing 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 birth control pills to decrease risk of blood clots.

What will happen immediately after surgery?

Once you are fully awake in the recovery room you will be transferred to an inpatient unit. You will be placed on a special bed with a frame attached to your bed for an overhead trapeze. This will be helpful for moving in and out of bed. The incision will be covered with a gauze dressing to collect any bleeding that occurs after surgery. Ice will be applied to your hip and over the area of the incision 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. The catheter drains 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 you are able to get in and out of bed, usually the day after surgery.

TED hose, or white elastic stockings, are put on both legs. Your nurse will apply a device on your legs 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. The SCD are removed when you are out of bed.** You will continue to wear the TED hose stockings for a total of three weeks from date of surgery.

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You will also use a CPM (continuous passive motion) machine which will gently move and bend your leg at the knee to help prevent stiffness in the hip and to help with pain control. **You will take this machine home with you. You will use it in a range of motion (ROM) of 0° to 30° for 8 hours a day for 2-4 weeks.** It will be ordered for you by our office one week prior to surgery.

You are allowed to place 30% of your body weight through the operated leg. Crutches will be provided to you by the physical therapists at the hospital and you will be instructed on how to use them with 30% weight bearing. If you have your own crutches please bring them.

How will my pain be managed?

There are two options in managing your pain after this surgery.

1. If you are 15 years old or older AND weigh 110 lbs or more, you can have what is called the “Preop Cocktail.” This is a combination of 4 different pain medications (Acetaminophen, Lyrica, Celebrex, and Oxycotin) that you take by mouth 1 hour prior to your surgery. These pain medications work by targeting 4 different pain receptors to help control your pain after surgery. You will also have a Patient Controlled Analgesia (PCA) device to use after surgery. This device allows you to give yourself pain medication through your IV as your pain starts to increase.
2. Or you will have a spinal epidural for pain control during and after surgery. A catheter will be inserted into your back during surgery and will deliver medicine to your hip. This will be a mixture of a local numbing medicine and a pain medicine. If your pain medicine is given this way, the nurses will check you closely to make sure you can feel and move your legs and have a minimal amount of pain. The epidural catheter will remain in your back for the first night. Once you are able to tolerate oral pain medication, the epidural will be turned off.

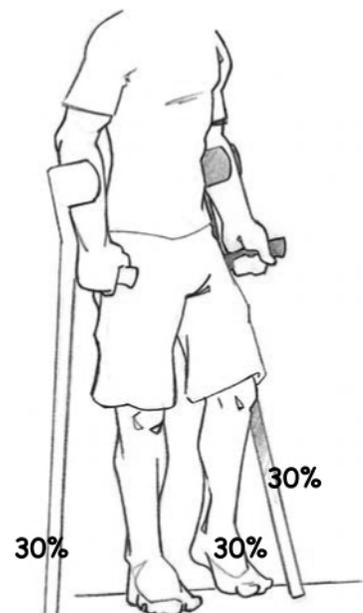
Once you are ready to go home your doctor will prescribe pain medicine for you to take at home. You will need to get your prescription filled at your usual pharmacy.

How long will I be in the hospital?

Most patients are in the hospital about 2-3 nights. Once your pain is controlled with oral pain medication and you are eating and drinking, and once physical therapy determines you are safe on your crutches, you may go home.

What are my activity limitations?

Physical therapy will help you learn to get out of bed and use crutches or a walker to walk. You will only be allowed to place a small amount of weight on the involved leg (1/3 of your weight).

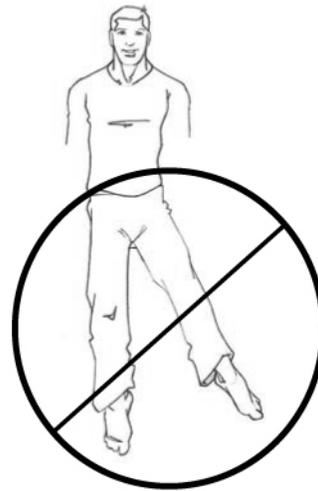


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Keep your knee-cap pointing forward for most of your movements.



Do not lift your leg away from the side of your body. This allows the areas of the bone fixed with screws to heal.



Avoid sitting with your hip bent or flexed more than 75 degrees for the first four weeks. From 4 to 6 weeks, you should not sit with your hips at a 90 degree angle for long periods of time. Only use this position for the transition from sitting in a chair to standing.



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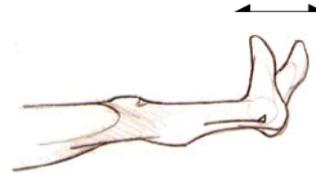
Do not sit with your legs crossed.



You will learn ankle and thigh muscle exercises to do at home. These will help you to strengthen your leg.

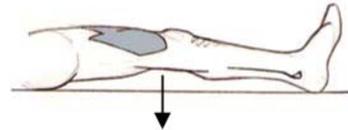
Ankle Pumps:

Moving from the ankle, push the front of your foot up and down. Perform 10 times and repeat 3 sets each day.



Quad Sets:

Tighten the muscles on the top of your thigh and press your knee down against the bed. Hold for 10 seconds and repeat 3 sets per day.



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POST-OPERATIVE INSTRUCTIONS

Medications: You will be given 2-3 prescriptions for medication to take at home. Two are pain medications and one is for constipation.

- Diazepam can be taken every 6-8 hours as needed for muscle spasms.
- Percocet or Vicodin can be taken every 4-6 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. These medications are stool softener with a laxative. Once you have had a normal bowel movement you may stop taking this.
- Aspirin or another medication such as Lovenox, to prevent blood clots, will also continue for three weeks if indicated.

You can stop taking your pain medication whenever you feel like 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 as directed on the bottle. It is recommended that you are off all narcotic pain medication before returning to school/work.

Wound Dressing: You can remove the dressing 5 days after surgery. There will be small pieces of tape along the incision called “steri-strips.” Leave these on until they fall off: about 2-4 weeks. Leave the incision open to air. Do not re-bandage.

Showering: You may shower 5 days after surgery, after you have removed your dressing. You can allow the shower water to run down the incision. Do not scrub the incision. Pat the incision dry with a towel after showering. Do not soak in a tub or pool until cleared by physician.

Weight Bearing: You will be on crutches for a minimum of 4 to 6 weeks. You will be able to put 30% of your weight on your leg with the use of your crutches. The physical therapists will teach what this means prior to leaving the hospital. At 4 weeks you may slowly begin progressive weight bearing from 30% to 75%. At your 6 week post-op appointment your physician will allow you to begin progressing to full weight bearing and then weaning off the crutches as long as you have no limp and no pain. It is most important to use the crutches, even as you are weaning off, for sit to stand and stand to sit transitions, as this motion places stress across the hip joint.

Activities: Keep your knee-cap pointing forward for most of your movements (do not rotate the leg). Do not lift your leg away from the side of your body. This allows the bone fixed with screws to heal. Avoid sitting with your hip bent or flexed more than 75 degrees for the first four weeks. From 4 to 6 weeks, you should not sit with your hips at a 90 degree angle for long periods of time. Only use this position for the transition from sitting in a chair to standing. Do not sit with your legs crossed. Please follow these restrictions for 6 weeks.

Equipment: The equipment that is advised for this surgery is an elevated toilet seat and a shower chair. It is best if you check with your insurance as soon as you receive this packet surgery, and see if these

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items are covered under your insurance plan. If they are, the case manager can order these items and can be brought home at the time of your discharge, or can be delivered to your home. If your insurance does not cover the items it is best to buy them at your local medical supply company. You will also have the CPM at home to be used for 2 to 4 weeks with range of motion settings at 0° of extension and 30° of flexion, speed of 1 (lowest speed), and to use for 8 hours per day.

You will also need to keep your TED hose stockings on for 2 weeks from the date of surgery.

School/Work: It is recommended that you take 1-2 weeks off from school/work. You should not go to school/work until you are able to stop taking your narcotic pain medication.

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 10 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. You should be still taking an anti

Follow up: You will need to schedule a follow up appointment for the following times:

- 2 weeks after surgery:** your physician will check the wound and make sure that your pain is well controlled. You will also meet with the physical therapist for instruction on progressing your weight bearing to 75% at 4 weeks, as well as instruction on gentle home exercises. At 4 weeks, you may also initiate walking in the water at chest height.
- 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 again meet with the physical therapist to discuss initiating formal physical therapy and will be given a guideline of exercises.
- 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 101.5°, redness or swelling in your thigh or calf or shortness of breath**, please contact our nursing line.*

During normal business hours please call: (212) 606.1268.

Evenings and weekends please call: (212) 606.1000, and ask for the attending pediatric orthopedist on call.

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PRE-SURGICAL CHECKLIST

Before your procedure, you will require lab work, medical clearance and/or additional testing. Please make sure to discuss any medical conditions and medications with Dr. Sink's and his clinical staff to 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 10 days of your surgical procedure & that the results are faxed to the office at 212-606-1685.

✓ **Surgery Date:**

Hospital for Special Surgery
535 East 70th St.
NY, NY 10021

- The hospital will contact you after 3:00pm on the business day prior to your scheduled procedure to inform you of your arrival time. If you happen to miss the call, please call 212-606-1710.

✓ **Pre-surgical Screening: Date/Time:**

- You will need the following tests to be completed within 10 days from the date of your surgery: CBC, CMP, PT/PTT/INR, EKG, chest XRay , Urinalysis and Urine Culture, and Type and Cross .
- If you are a pediatric patient (21 y/o and below), you will need to send a recent coagulation studies (**PT/PTT/INR**) to our office and the Pediatric Medical Clearance provider. If these results are abnormal, you will likely need to be seen by a hematologist for an evaluation.

✓ **Medical Clearance:**

- Physician:
- Date:
- Hospital for Special Surgery
535 East 70th Street, 6th floor
New York, NY 10021
Tel: 212.606.1620

✓ **Initial Consult / Hip Pre-Operative Discussion with Dr. Sink**

✓ **Physical Therapy Evaluation with our Rehabilitation Staff**

- ✓ NOTE: If the patient is **18 years old or younger**, please bring a copy of the patient's most recent Immunization Record to the medical clearance appointment.

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IMPORTANT INSURANCE CONSIDERATIONS

While our office will contact your insurance company to verify your benefits and obtain authorization for your procedure, we request that you contact your insurance member services regarding authorization/payment of the following items:

- Anesthesia
- Facility (Operating Room, Radiology, Lab, etc)
- Durable Medical Equipment: Continuous Passive Motion Machine (CPM)
- Pre-Operative Testing
- Physical Therapy

You may receive additional bills for laboratory fees, imaging films, medical equipment, surgical pathology, hospital fees and/or anesthesia fees. Please contact the numbers below if you have questions prior to your surgery:

- Hospital for Special Surgery Charges for Facility: 212-774-2607
- Hospital for Special Surgery Charges for Anesthesia: 888-877-3850
- Biodynamic Technologies (Medical Equipment): 212-606-1906

Dr. Sink will inform you if another surgeon will be attending your surgery. Our office will notify your insurance if another surgeon will be assisting at the time of your surgery.

When speaking with your insurance or other hospital departments regarding your upcoming surgery, you will need to provide them with the diagnosis and procedure codes for your upcoming surgery.

Please confirm from your insurance provider that the following procedure codes are “covered and payable services under your plan.” You should also obtain your insurance’s “Usual & Customary Rate (UCR) for the procedure codes. Our office manager can provide you with Dr. Sink’s surgical fees if needed. Please reference the information below:

- ✓ **Planned Procedure: Surgical Dislocation of the Hip**
- ✓ Surgeon’s Name: Ernest Sink, M.D.
- ✓ Length of Stay in the Hospital: **2-3 days** Length of Procedure: **3 Hours**
- ✓ Diagnosis Codes: **Hip Pain (719.45), Labral Tear (718.85), Femoroacetabular Impingement (736.30)**
- ✓ Procedure Codes for Dr. Sink are as follows:
 - **Surgical Dislocation of the Hip (27299 – Unlisted Procedure Code)**
 - **Relative Neck Lengthening (27140)**

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MANAGED CARE BENEFITS PROGRAM

The HSS Managed Care Benefits Program has been designed to assist you in determining what your benefits may be if you choose to have your surgery performed at the Hospital for Special Surgery.

If you would like assistance in determining what your benefits might be, please call 212-774-2607. A member of the team will be happy to assist you.

DISABILITY PAPERWORK

- If you are planning to file any disability paperwork for compensation, medical leave, handicap placards, etc:
 - Please fax all necessary forms to (212) 606-1685 as soon as possible.

Please fill out all of the personal information on the forms, leaving only the medical sections blank.

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IMPORTANT RESOURCES & PHONE NUMBERS

HOTEL ACCOMMODATIONS

The Helmsley Medical Tower - Hotel (NYP)

1320 York Avenue
New York, NY 10021
Reservations: (212) 472-8400
Toll free: (800) HM TOWER
Fax: (212) 535-8524
www.nyp.org/patients

Belaire Guest Facilities - Hotel (HSS)

525 East 71st Street
New York, NY 10021
212-606-1989
www.hss.edu

PHYSICAL THERAPY

Hospital for Special Surgery Physical Therapy

Belaire Building - Ground Floor
East 71st Street b/w York Ave. & East River
212-606-1005
Request: Jamie Edelstein

**Sports Therapy and Rehabilitation Physical
Therapy (STAR)**

160 East 56th Street
New York, NY 10022
212-355-7827
www.starphysicaltherapy.com
Request: Stash or Ben

JAG Physical Therapy

622 Eagle Rock Avenue
West Orange, NJ 07052
973-669-0078
www.jagpt.com
Request: John Galucci

Excel Physical Therapy

136 Hopper Avenue
Waldwick, NJ 07463
(201)493-7770 phone
www.exceltherapy.com
Request: Matt Gibble

DRIVING DIRECTIONS & TRANSPORTATION

Mapquest - Driving Directions

www.mapquest.com

Metropolitan Transit Authority

NYC Public Transportation

www.mta.info

Car Service

Carmel - 1-800-922-7635

www.carmellimo.com

Dial 7 - 1-800-777-7777

www.dial7.com