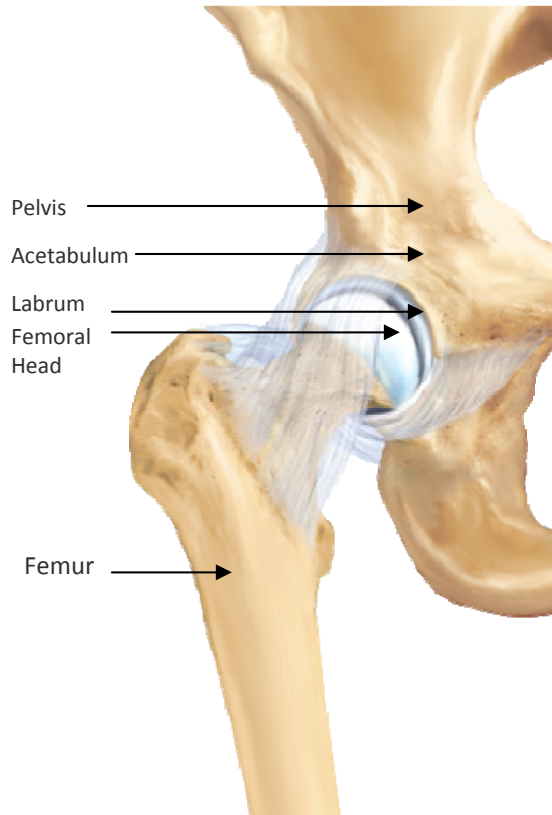


ERNEST L. SINK, M.D.
Pediatric and Young Adult Hip Surgery
Center For Hip Pain and Preservation
Hospital for Special Surgery
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PERIACETABULAR OSTEOTOMY (PAO)

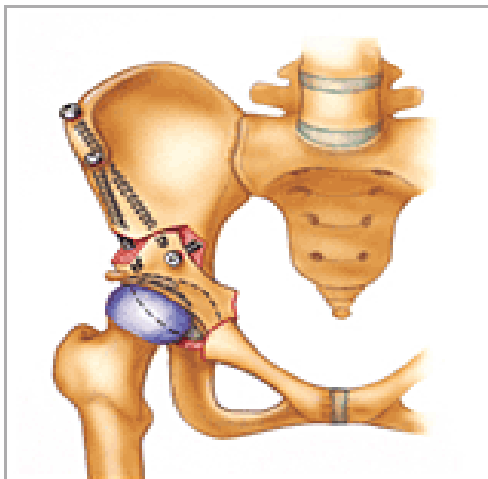
What is a periacetabular osteotomy?



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 gasket 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 abnormally 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 hip 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. Though 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 3 to 4 hours. Due to the cuts in the bone that are made during this procedure blood loss is a possibility. You have the option to pre-donate your own blood one month prior to surgery. That way if your blood level is too low after surgery you can be given your own

blood back. You can set this up by calling the **New York Blood Center at (800.439.6876)**. Other risks and potential complications will be discussed with your surgeon.

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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 contraceptive pills to decrease risk of blood clot.

What happens after surgery?

Once you are fully awake in the recovery room you will be transferred to a room on the inpatient unit. You will be placed on a special bed with a frame attached for an overhead trapeze. This will be helpful for when you first move in and out of bed after surgery.

The incision will be covered with dressing to collect any bleeding that occurs after surgery. Ice will 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. This catheter will stay in place until you are able to get in and out of bed, usually the day after surgery.

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. The SCD are removed when you are out of bed.** You will continue to wear this TED hose for a total of three weeks from date of surgery.

A CPM (continuous passive motion) machine will be delivered to your hospital room. This machine will gently bend your leg at the knee to help prevent stiffness in the hip and help with pain control. **You will only use the machine in the hospital. You will not need to take it home.**

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. This catheter will deliver 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 24-48 hours that you are in the hospital. It will be turned off and you will then take pain medication by mouth.

What are my activity restrictions?

Physical Therapy will help you get out of bed and learn to use crutches or a walker to walk. Physical therapy will supply the crutches and you will bring this home with you. **You may touch your foot to the ground for balance only (foot flat weight bearing).** You can not 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

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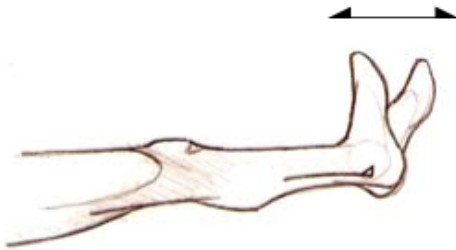
cause the screws to bend or break and the acetabulum (hip socket) to lose correct positioning. When you see your doctor at your 6 week follow up appointment he will let you know when you are able to begin to increase your weight bearing and begin walking without crutches. **There is no range of motion (ROM) restriction. However, it is recommended as a precaution to limit hip flexion to 90°, internal rotation (turning your knee in) to 20° and external rotation (turning your knee out) to 20°.**

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 4-6 weeks.

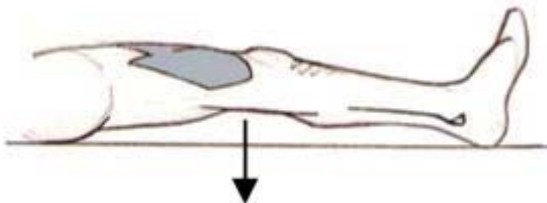
Ankle Pumps:

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. Perform 10 times and repeat 3 sets per day.



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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 6-8 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. This medication 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.

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 in 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 6 weeks. Your weight bearing status will be Foot Flat weight bearing which means you may place weight down through your leg for balance only (<20% body weight). At your 6 week post-op appointment your physician will allow you to begin progressing your weight bearing to full weight until you are able to walk with one crutch, then no crutches without pain or a limp. At 4 weeks following surgery, you are allowed to walk in water, with the water level at chest height.

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 and see if these items are covered under your insurance plan. If they are covered, they can be ordered by the hospital case manager prior to your discharge. You can bring

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them home or can be arranged to be delivered to your home. If your insurance does not cover the items it is cheaper to buy them at your local medical supply company, at Walgreens, or at Walmart.

You will also wear your TED hose stockings at home for 3 weeks from the date of surgery. This will help prevent a complication called “deep vein thrombosis (DVT)”.

Work/School:

It is recommended that you take 1-2 weeks off from work/school. You should not go to work/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.

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.
 - 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 be given some physical therapy exercises to start at home.
 - 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 pediatric orthopedic attending 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 14 days of your surgical procedure & that the results are faxed to the office at 212-606-1268.

- ✓ **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:
 - Blood work, Chest XRay and EKG will be performed
 - If you are a pediatric patient, 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: Hospital for Special Surgery,
535 East 70th Street, 5th Floor, Pediatric Pre Surgical Screening
New York, NY 10021
 - T: 212.606.7182 / F: 212.606.1614

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

- ✓ **Pre-Operative Appt. with Dr Sink:**

- ✓ **Physical Therapy Evaluation with our rehabilitation staff**

NOTES: _____

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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: Periacetabular Osteotomy of the Left/Right Hip**
- ✓ Surgeon’s Name: Ernest Sink, M.D.
- ✓ Length of Stay in the Hospital: **4-5 days** Length of Procedure: **4-5 Hours**
- ✓ Diagnosis Codes: **Hip Dysplasia (755.63), Hip Pain (719.45), Labral Tear (718.85),**
- ✓ Procedure Codes:
 - **Periacetabular Osteotomy of the Hip (27299 – Unlisted Procedure Code)**
 - **Hip Arthrotomy (27033)**
 - **Osteoplasty of Femoral Neck (27179)**

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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

OUR HOSPITAL WEBPAGE:

http://www.hss.edu/physicians_sink-ernest.asp

PAO Animation: <http://www.hss.edu/animation-PAO-periacetabular-osteotomy.htm>

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