

Ernest L. Sink, M.D.

Chief of Service, Center for Hip Preservation
Pediatric and Young Adult Hip Surgery
Hospital for Special Surgery
541 East 71st Street, Ground floor
New York, NY 10021
T: 212-606-1268, F: 212-606-1685



FREQUENTLY ASKED QUESTIONS **BEFORE PERIACETABULAR OSTEOTOMY:**

WHAT TYPE OF ANESTHESIA WILL I RECEIVE FOR SURGERY?

Regional anesthesia is the preferred anesthetic technique for patients undergoing orthopedic surgery because it is associated with less postoperative pain and nausea, a lower incidence of blood clots, less blood loss, and a lower infection rate compared with general anesthesia.

Each anesthesiologist at HSS has expertise in regional anesthesiology. Your anesthesiologist will place anesthetic medicine near the nerves that go to the part of your body that is being operated on. An epidural catheter is also placed at this time to be used for pain management after surgery. We call these techniques “nerve blocks”, these blocks are performed in the operating room after you are asleep. Serious complications associated with regional blocks are exceedingly rare. Before performing a nerve block, your anesthesiologist will discuss common and uncommon risks associated with regional anesthesia at your request.

WHAT TYPE OF SCREWS ARE USED FOR FIXATION DURING SURGERY?

The screws used during the PAO surgery are made of stainless steel.

WHAT IF I HAVE ALLERGIES TO METAL?

Some of our patients have a prior history of sensitivity to metal or a known reaction to nickel jewelry. We ask these patients to follow up with an allergist who can formally test for a metal allergy. If the testing is positive, we are able to use screws made of titanium during your surgery.

DO I NEED PHYSICAL THERAPY BEFORE SURGERY?

You are able to do some hip strengthening physical therapy to include both core and gluteal exercises before surgery. If possible you can also see a therapist for a 1 time session to develop a home exercise program. Exercises can be done about 15 minutes a day, 2-3 times per week. You should avoid any activities that are causing you pain or discomfort.

WHAT SHOULD I BRING TO THE HOSPITAL?

You can bring comfortable clothing, slip on shoes, reading material, laptop or any electronics as well as any home medications that you are taking.

Ernest L. Sink, M.D.

Chief of Service, Center for Hip Preservation
Pediatric and Young Adult Hip Surgery
Hospital for Special Surgery
541 East 71st Street, Ground floor
New York, NY 10021
T: 212-606-1268, F: 212-606-1685



WHAT MEDICATIONS DO I NEED TO TAKE/NOT TAKE BEFORE SURGERY?

We recommend taking Vitamin D3 Supplementation of 2,000 IU daily prior to your surgery.

In general, we ask that you discontinue taking any medications that can thin your blood before surgery which include, but are not limited to: Aspirin, Advil/Motrin, Aleve/Naproxen, Fish oil, Excedrin, all blood thinners such as Xarelto and Coumadin 1 month prior to surgery. Occasionally, patients may be on medications like this due to a history of blood clotting; these patients should notify our office of this history and consult with a hematologist before discontinuing the blood thinning medications.

We also ask that you stop taking any oral birth control pills, including Nuva Ring, herbal supplements or vitamins (other than vitamin D) at least 1 month prior to surgery.

DO I NEED TO DISCONTINUE SMOKING BEFORE SURGERY?

You must discontinue smoking cigarettes, E-cigarettes, vapes, smokeless tobacco, cigars and any other form of smoking, at least 3 months prior to surgery due to its effects of delayed bone healing.

WHAT EQUIPMENT DO I NEED FOR THIS SURGERY?

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 nurse and will be delivered to your house. 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. A "Game Ready" ice machine can be ordered if you are interested in paying to rent this for the first 2 weeks post op.

FREQUENTLY ASKED QUESTIONS **AFTER** PERIACETABULAR OSTEOTOMY:

WHAT IS THE RECOVERY AFTER A PAO?

Each patient is different depending on prior surgeries, age, and the specific bony correction needed. In general patients will walk with very little discomfort and limp as early as 12 weeks post-op. Some patients will still need a single crutch at their 12 week visit because their muscles are still gaining strength. From the 3-month to 6-month visit the muscles will continue to strengthen and physical therapy progresses to more complex movements to allow patients to get back to the majority of their activities. After 6 months there is still potential final strength and recovery increases that can last up to 2 years post-op.

Ernest L. Sink, M.D.

Chief of Service, Center for Hip Preservation
Pediatric and Young Adult Hip Surgery
Hospital for Special Surgery
541 East 71st Street, Ground floor
New York, NY 10021
T: 212-606-1268, F: 212-606-1685



WHEN CAN I WALK AFTER A PAO?

Toe-touch weight-bearing, with foot flat on the floor using a walker, is started immediately a day following a PAO. We get all patients out of bed and mobilizing on postop day 1. Patient will progress from using a walker to crutches. HSS Physical Therapy will see the patient at least twice a day for supervised gait training and mobilization. Patients are discharged based on the PT parameters such as getting out of bed, walking around the nurse's station, ability to walk up and down a few steps with crutches.

HOW LONG WILL I USE CRUTCHES?

You will be using crutches for at least 6-8 weeks from the date of your surgery to allow the bone to heal. We will obtain an x-ray at your 6 week postoperative visit followed by an appointment with Dr. Sink and clearance to increase the amount of weight you can put on your leg and begin physical therapy. It is a progressive weaning off crutches over 2-4 weeks as you normalize your gait and your muscles get stronger. The use of crutches 6-8 weeks after surgery is to decrease your limp and the duration depends on how quickly your muscle strength returns so you walk without a limp. You will also begin supervised physical therapy at this time, usually for 3-4 months, or longer as needed for muscle strength and function.

WHEN CAN I DRIVE AFTER A PAO?

It is generally reasonable to drive when you are stable on your crutches and confident with walking, able to lift your knee and demonstrate hip & knee flexion strength. The usual recommendation is 6 weeks, with short distance driving first. Those with surgery on their right leg may drive a few weeks later than surgery on the left leg.

WHEN CAN I RETURN TO WORK AFTER A PAO?

Your return to work will vary depending on the type of work you are engaged in. Public transportation is typically challenging until after 6 weeks postop. Some patients prefer to work from home beginning at 3-6 weeks. In general, patients take 3 months of FMLA. Strenuous work may require more than 3 months of leave from work. If you are a student, 3 weeks postop is reasonable return to school with accommodations.

WHEN CAN I PLAY SPORTS AFTER A PAO?

Patients are typically cleared to return to full, unlimited return to play at as early as 6 months postoperatively, but it may take longer (9-12 months) depending on how quickly your muscles regain

Ernest L. Sink, M.D.

Chief of Service, Center for Hip Preservation
Pediatric and Young Adult Hip Surgery
Hospital for Special Surgery
541 East 71st Street, Ground floor
New York, NY 10021
T: 212-606-1268, F: 212-606-1685



their strength. The decision to return to sports is in conjunction with the physical therapy assessment of muscle function and strength. High-level athletes may need quality movement analysis and return to play assessment at HSS if needed.

HOW LONG WILL I TAKE TO HEAL AFTER A PAO?

The incision takes 7-14 days to heal. The first two weeks are when patients are most uncomfortable and find it most difficult to be mobile. Most patients improve dramatically in the first 6 weeks. Occasionally, there are periods where the hip may become sore, particularly the hip flexors as you increase your activity. This is part of the normal healing process. The bone will show evidence of progressive healing over 3 months (longer in some patients). Continued improvements may be gained up to 2 years post-surgery.

HOW MUCH PAIN WILL I EXPERIENCE AFTER A PAO?

Most patients will have discomfort after surgery. We will carefully monitor your post-operative course and aim to keep you as comfortable as possible throughout.

HOW LONG DOES THE SURGERY TAKE?

Surgery will take about 2-3 hours depending on your specific anatomy

HOW LONG IS THE HOSPITAL STAY?

On average, the hospital stay after the PAO is around 2-4 nights (average 3 nights) in the hospital. The days in the hospital are to make sure you are medically stable and pain, potential nausea, and dizziness are managed. You will also have to be cleared from physical therapy. A physical therapist will start working with you on the first postop day one getting you out of bed and start your walking with a walker and advance to crutches. This clearance requires that you are able to ambulate safely in the hospital and on the stairs using your 2 crutches.

HOW WILL MY PAIN BE MANAGED?

Your pain will be managed in the first 24 hours with a combination of a spinal-epidural catheter, anti-inflammatories, Tylenol, and narcotic medicine as needed. The spinal-epidural is a very small straw-like device that is inserted into your back immediately prior to 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

Ernest L. Sink, M.D.

Chief of Service, Center for Hip Preservation
Pediatric and Young Adult Hip Surgery
Hospital for Special Surgery
541 East 71st Street, Ground floor
New York, NY 10021
T: 212-606-1268, F: 212-606-1685



epidural will stay in place for the first 24 hours that you are in the hospital and then it will be turned off and removed. You will then take pain medication by mouth.

WHAT MEDICATIONS WILL I BE TAKING?

Prior to surgery we will likely start you on Vitamin D supplementation that you will continue until 6 months post operatively to help promote bone healing. To help manage your pain post operatively you will be taking a low dose of Oxycodone, possible diazepam for muscle spasm and Tylenol as needed. You will likely require Aspirin or a blood thinner post op to prevent blood clot formation. Anti-inflammatories will be given daily for the first 3 weeks post op. Stool softeners and multi-vitamins are recommended as well.

WILL I NEED TO WEAR A BRACE?

No, a brace does not need to be worn post op. You will have crutches which will assist you with your toe touch, foot flat (10%-20% weight bearing) through your operative leg.

WILL I NEED TO HAVE MY SCREWS REMOVED?

Although not medically necessary to remove the screws that are placed during the surgery, the majority of patients elect to have the screws removed. They can cause some irritation in and around the hip which will often decrease after screw removal. We can schedule the same-day surgery to remove the screws through a small incision over your previous scar about anytime between 6 months-2 years after the PAO surgery, once healing is complete.

WHEN ARE MY POST OP APPOINTMENTS SCHEDULED?

After the surgery we will have you schedule an appointment 2 weeks post op, 6 weeks, 3 months, 6 months, 1 year and 5 years post op.

CAN I TRAVEL AFTER MY SURGERY?

You can travel via air or land with your normal vehicle after discharge from the hospital. If you are traveling more than 3 hours by air, we ask that you allow a total of 10 days from the date of surgery before doing so. We should also see you in the office prior to your departure. You will need to take aspirin before your flight takes off and as soon as your plane lands. You will need to drink plenty of fluids, wear your TED hose stockings, and perform ankle pumps every hour.

Ernest L. Sink, M.D.

Chief of Service, Center for Hip Preservation
Pediatric and Young Adult Hip Surgery
Hospital for Special Surgery
541 East 71st Street, Ground floor
New York, NY 10021
T: 212-606-1268, F: 212-606-1685



WHAT ABOUT MY LABRUM?

The labrum is a triangular structure that lines the edge of your hip socket. Its primary role is to create a suction seal in the hip. In hips with dysplasia the labrum may have increased pressure from the lack of bony support. This may result in labral irritation or injury which is often referred to as a labral "Tear". Repairing the labrum alone will not address the bony dysplasia that led to the labral injury. It is possible to perform a hip arthroscopy to reattach the labrum at the same time we perform the PAO. The decision to perform both a hip arthroscopy is dependent on different factors such as the severity of dysplasia and the type of labral injury. The majority of patients with hip dysplasia have a labral injury (tear) and will have good outcomes with a PAO only.

OUTCOMES OF SURGERY:

We have followed our patients for the last 8 years with an outcomes registry based on the patient questions you have also answered pre and post operatively regarding your pain and function. In general, we have found that 88-92% percent have improvement in pain and quality of life after a PAO. 50-55% of patients have a significant clinical relief of symptoms and 83% percent of patients are satisfied after a PAO. 10-15% percent have not yet felt significant relief from the PAO. The reasons for lack of improvement are variable but some patients may require further therapy, rehabilitation time or surgery such as hip arthroscopy or femoral osteotomy.

WILL I NEED A HIP REPLACEMENT AFTER A PAO?

The goal of a PAO is to preserve your own hip and delay or prevent a hip replacement. You still may potentially need a hip replacement depending on the health of your cartilage at the time of the PAO or specifics of your hip anatomy. IF you eventually need a hip replacement the goal of the surgery is to delay it to a much older age. The reason for this is a hip replacement may not last for more than 20-30 years before it needs to be revised.