Patient Education

ARNOLD PALMER HOSPITAL
For Children
Supported by Arnold Palmer Medical Center Foundation

The Pediatric Orthopaedic Center
at Arnold Palmer Hospital
83 W. Columbia St. Orlando, FL 32806
321-841-3040 f:321-841-3049

SURGICAL HIP DISLOCATION

Thank you for the opportunity of letting us take care of you. We understand that you and your parents may have many questions regarding the proposed hip surgery for you. This information packet will try to explain and answer most, if not all, of your questions regarding what happens before, during and after a hip surgical dislocation; so you can be informed and understand. Our priority is your safety and well-being. We are here to help you.

In most cases the reason you are having this surgery is for a condition called "Femoro-Acetabular Impingement" (FAI). This occurs when the upper part of your femur (the thigh bone) and the hip socket are shaped in a way that they bump (or impinge) into each other as you flex or bend your hip. This constant impingement and shearing can result in pain with some or all of your activities. It can also lead to tears of the labrum (the meniscus of the hip socket) or damage to the cartilage in the hip socket or femoral head itself.

What is this procedure?

The procedure you are having is called a **surgical dislocation of the hip**. A surgical hip dislocation is used to treat certain types of conditions, such as Perthes, SCFE (Slipped Capital Femoral Epiphysis) and Hip Dysplasia. The hip joint is a ball and socket joint. The "ball" part of the socket is the femoral head (top of the thighbone) that sits in the "socket", or acetabulum (which is part of the pelvis).This procedure allows your surgeon to look directly at the area(s) of your hip that is (are) causing pain. Being able to look at the affected area allows your surgeon to reshape the bones and fix tears in your cartilage, if needed, so your hip will hopefully function and feel better. In some instances the bones will need to be realigned as well to achieve maximum improvement.

One of the goals of the surgery is to lessen your pain by reshaping the bones so the hip cartilage will not be under that constant stress. Another goal is to preserve your hip joint and lessen the chance of arthritis, thus to prolong the life of the hip and avoid early total hip replacement.

You need to know that there are other methods of treatment that we will attempt first in most of the cases, including physical therapy and activity restriction. However, your doctor is recommending this procedure because he understands that this is the best way to care for your hip when other options have failed or if the deformity is too severe that physical therapy may aggravate the injury as physical therapy cannot modify your anatomy.

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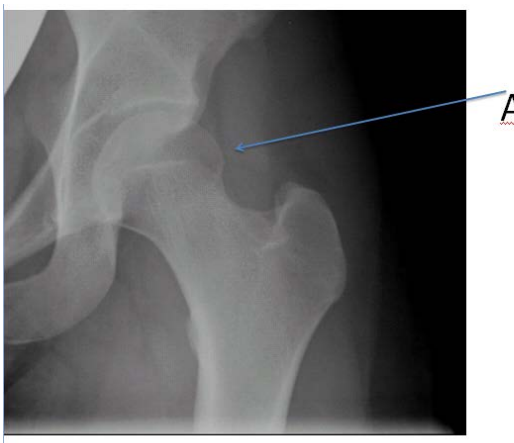
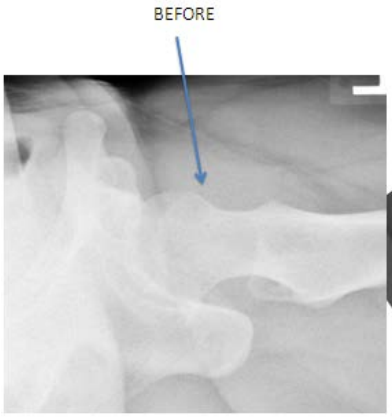
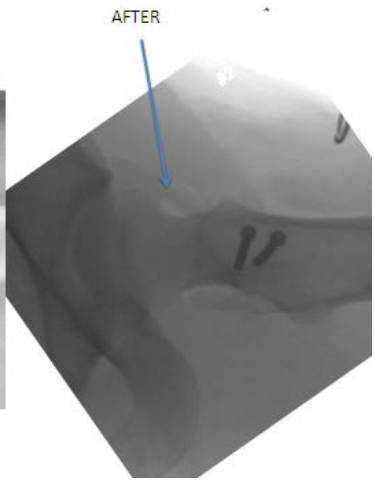
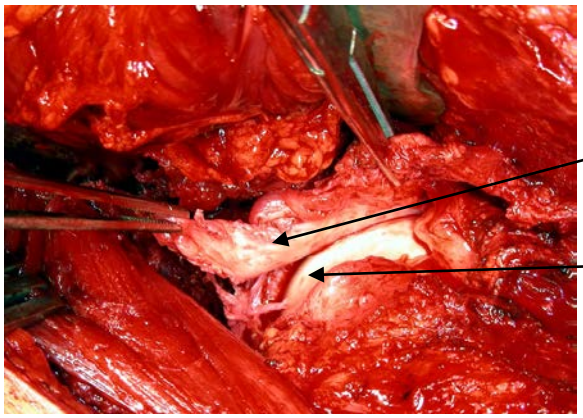


Aspherical "bump"





Example of a very large tear of the labrum (occurred during a trauma to the hip). The labrum was repaired with sutures back down to the hip socket (acetabulum)



How is this procedure done?

An incision will be made on the side of your thigh and buttock region. It will go up to the upper part of the femur to get access to your hip joint. Your surgeon will have to make a bone cut in the upper femur (trochanter) to leave all the muscles attached to your bone while being able to safely dislocate your hip. After repairing the impingement your surgeon will place two to three screws into the cut bone to hold it together so it heals properly. In some cases the lining of the hip socket (labrum) may also need to be repaired with small screws and sutures. The surgery usually takes about 3-4 hours depending on the extent of the injuries. In most cases, the bone cut heals within 6-8 weeks.

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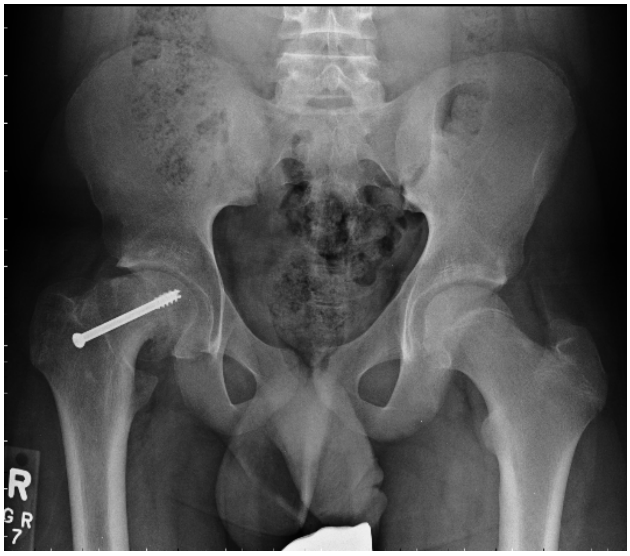
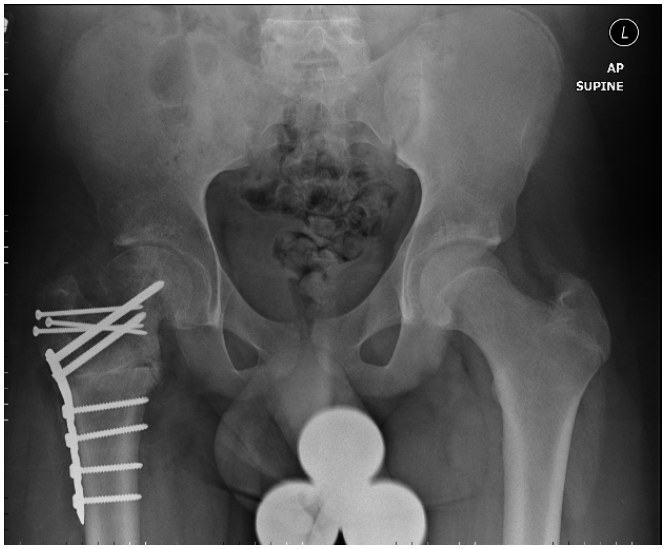
When the FAI is associated with slipped capital femoral epiphysis (SCFE), another cut may be necessary to realign the upper part of the femur. Your doctor will inform you if this bone cut will be needed. This cut also takes 6-8 weeks, on average, to heal. So, during that time frame both cuts will have had time to simultaneously heal.

Example of a patient with a previous SCFE and simultaneous surgical hip dislocation and osteotomy:





What will happen immediately after surgery?

Once you are fully awake in the recovery room you will be transferred to an inpatient unit called Special Care Unit or to the Orthopedic floor. It is a unit between intensive care and general floor. You will be placed on a special bed with an air mattress. You will also have 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 gauze dressing to collect any bleeding that occurs after surgery. An ice blanket will be applied to the area of the incision to help with pain and swelling.

You may 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 a day or two after surgery.

If you are older than 16 years, we will place in the operating or recovery room TED hose stockings on both legs. TEDs are tight, elastic stockings that go on the legs and thighs. They are

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used as a measure to reduce the creation of emboli/blood clots in the legs. You will also have pumps called SCDs (sequential compression device) that gently squeezes the calf or the foot as another measure to prevent blood clots. Also, an abduction foam brace will be placed to allow the muscles to relax. This will be used the day of the surgery and at nights for two weeks to prevent that you cross your legs. A CPM (continuous passive motion) machine will be in the room. This machine will gently move and bend your leg at the knee to help prevent stiffness in the hip and help with pain control. We will make arrangements during your hospital star for you to take this machine home for 2 weeks. It is used for 8 hours a day for 2 weeks. Crutches and a bathroom chair will be provided to you by the physical therapists at the hospital; if you have your own crutches please bring them.

How will my pain be managed?

In the first 24-48 hours after surgery, we will give you a pain control pump (PCA) that allows you to control the pain you are in. While the PCA is in place your nurses will be monitoring you closely to make sure that you are breathing properly and have good pain control. The PCA will be used for the first two days. We sometimes supplement the pain medication with Valium when muscle spasms occur. Then, you will be switched to oral pain medication. Please understand that there will be some discomforts however, you just had major surgery.

How long will I be in the hospital?

Most patients are in the hospital about 2-4 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?

Once you are able to get out of bed, physical therapy will help you learn to use crutches to walk. You will only be allowed to place a small amount of weight on the involved leg (about 20-30 pounds of pressure). Sometimes, we refer to this as “touchdown weightbearing.”

Post-Operative Instructions

Medications: You will usually be given 2-4 prescriptions for medication to take at home. Two are pain medications and one or two for constipation.

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Diazepam (Valium) can be taken every 8 hours as needed for muscle spasms.
Percocet or Lortab can be taken every 4-6 hours as needed for pain. It is important to remember that these pain medications have acetominophen in them so please **do not take any additional acetominophen or Tylenol** with them.

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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.

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. Make sure that you are not allergic to aspirin or its derivatives and take as directed on the bottle. It is recommended that you are off all narcotic pain medication before returning to school.

Wound Dressing: Dr. Herrera-Soto, Dr. Ramo or a member of the team will evaluate the wound 2 or 3 days after surgery and redress it. You can remove the dressing at home 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. If a drain system was used, it will be removed at the time of dressing changes.

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. Pool activities are not safe for at least 6 weeks due to the risk of injury to the operated side.

Weight Bearing: You will be on crutches for a total of 6 weeks. You will be able to put 20-30 pounds of weight on your leg with the use of your crutches. The physical therapists will teach what this means prior to leaving the hospital. We will try to get in a teaching session prior to the procedure when you do your pre-admission testing. Placing full weight on the operated side prior to bone healing can cause the screws to bend or break, sutures in the hip to detach and open the wound and the femur to lose correct positioning. At your 6 week post-op appointment your doctor will usually allow you to walk with more weight on it or without crutches, depending on the radiographs.

Activity restrictions: 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 bone fixed with screws to heal. Avoid sitting with your hip bent or flexed more than 75 degrees for the first four weeks. You should not sit with your hip 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. We will consult the social services department in our hospital to help you obtain these.

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School: It is recommended that you take about 2-3 weeks off from school/work. You should not go to school or work until you are able to stop taking your narcotic pain medication. Please let the nurse know if you need any letters from the doctor for your school or place of work.

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

6 weeks after surgery: your physician will check the wound and make sure that your pain is well controlled. You will have radiographs 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 radiographs 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 radiographs taken and an exam to make sure everything is going well. We will usually follow you yearly thereafter.

If there are any other serious concerns during visits, please call the office and Dr. Herrera-Soto, Dr. Ramo, or a member of the team will gladly evaluate you.

If you experience severe pain that your pain medication does not relieve, you should let us know. If you experience a temperature over 101°F or 38.3°C, redness or swelling in your thigh or calf or shortness of breath, please contact our nursing line.

During normal business hours please call: (321) 841-3040.

Evenings and weekends please call: (321) 841-3040, ask for the orthopedic resident on call.

What are the possible complications?

The benefits of the surgery proposed outweigh the risks of it by far. But, we want to make sure you are aware of the possible complications. They include profuse bleeding, infection, pneumonia, other breathing problems, anesthetic risks, transfusion or medication reactions, temporary or permanent nerve injury, failure or breakage of instrumentation, failure of the bone not to heal that may later require surgery, urinary retention, temporary constipation, and even death. Any of these complications could lead to more surgery or permanent impairment. Fortunately, these complications are uncommon and the vast majority of patients go through surgery without any unexpected problems. We tell you about these risks so that you will know that we have considered the risks of surgery before recommending this procedure.

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Postoperative Hip Positioning

Hip Precautions:
These precautions are designed to help you protect your operated hip. You should follow them until they are changed by your doctor. These include:

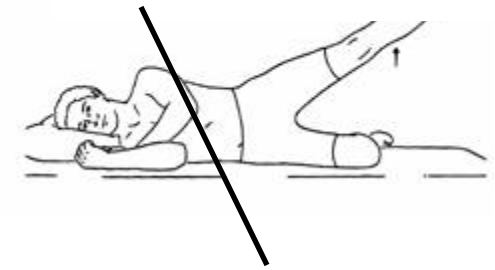
No twisting

No leaning forward or to the side

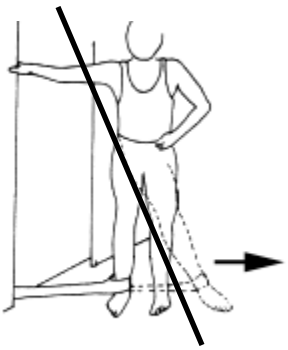
No lifting/bending the leg past 90 degrees

No crossing the operated leg

No active hip abduction



No hip adduction past the other leg



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Post operative exercises

Keep your knee-cap pointing forward for most of your movements.
Do not actively 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. You should not sit with you 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.
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.
Straight leg raise: Keeping your knee straight, lift your leg as shown. Perform 10 times and repeat 3 sets per day.

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