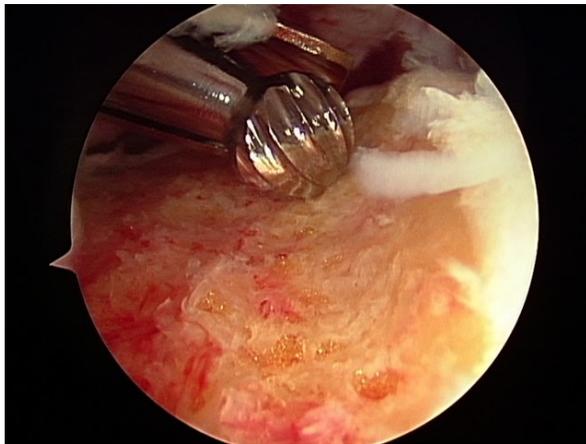


Understanding Hip Preservation Surgery

Hip Arthroscopy

Arthroscopic surgery involves placing small cameras and instruments into a joint to view, assess and treat a multitude of problems. Hip arthroscopy is a relatively new procedure unlike knee, shoulder and ankle arthroscopy. The hip is a deep, tight joint, surrounded by a thick capsule. Special instruments, positioning devices and techniques have been developed to address these conditions. With hip arthroscopy, the surgeon can view and treat many conditions that required open procedures or simply couldn't be performed in the past. Examples include removal of loose bodies, repairing the labrum and reshaping the head and neck.

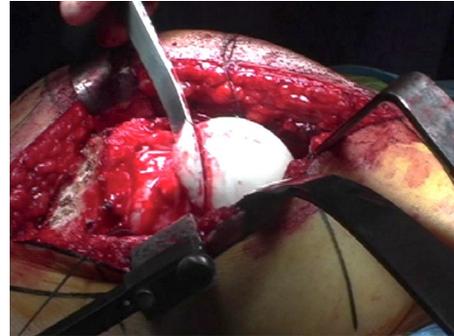


Femoral Osteotomy

Femoral osteotomy involves cutting the thigh bone near the hip to re-align or re-direct the femoral head (ball) deeper into the acetabulum (cup). It may be performed separately or in conjunction with a pelvic osteotomy.

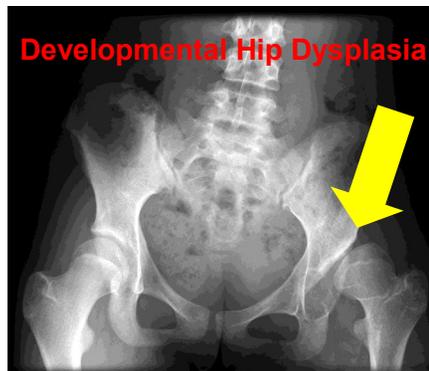
Surgical Dislocation

Surgical dislocation is an open dislocation of the hip. It is a relatively new procedure as well. In the past, dislocating the hip entailed a significant risk of avascular necrosis of the femoral head (AVN); damaging the blood supply to the hip. This new technique virtually eliminates that risk. Surgical dislocation can be used for all of the procedures hip arthroscopy is used for and for procedures that arthroscopy can't be used for such as osteotomies outside of the hip joint and pathology that is too large or inaccessible with the arthroscope.



Osteotomy

The hip is a ball and cup joint. Patients with Developmental Dysplasia of the Hip (DDH) have a shallow acetabulum (cup). The femoral head (ball) is not covered enough, which puts a lot of pressure on a small area of the acetabulum leading to pain and early arthritis. Osteotomies are used to correct these problems by directing the ball deeper into the cup, moving the cup over the ball or both.



Pelvic Osteotomy

Pelvic osteotomy involves cutting the bones in the pelvis to redirect the acetabulum (cup) over the femoral head (ball). There are many types of pelvic osteotomy. The type of osteotomy used depends on the patients' age and the amount of correction needed.



Peri- Acetabular Osteotomy (PAO) – Ganz osteotomy

The PAO is a type of pelvic osteotomy used to redirect the acetabulum. Through a series of specific cuts in the pelvic bones the acetabulum is repositioned so that it covers the femoral head more completely thereby deepening the cup, decreasing pressure, relieving pain and delaying or preventing hip arthritis. It is used in adolescents and adults who have completed their growth.

What to Expect



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Pre-Operative Office Visit

- X-rays will be taken in the office to assist in planning your surgery.
- Additional studies may be needed to fully assess your condition. These may include an MRI, arthrogram, CT, and/or bone scan
- Details of the surgery will be discussed so you know what to expect.
- The surgeon will obtain a comprehensive history and physical to include all other health conditions, any current medications (over the counter or prescribed) and allergies or bad reaction to medications, latex, etc.
- Consent will be obtained to perform the surgery.

Pre-Operative Hospital Visit

- Blood and urine tests may be ordered to make sure you are healthy and have no infections.
- You will meet with a pain management specialist to discuss how they will effectively keep you comfortable after surgery.
- You will be admitted the day of your surgery

After Surgery

- After surgery, plan to be in the hospital for 1-5 days. Every case is different and your stay may be shorter or longer depending on the severity of your surgery.
- You will be administered pain medication upon being discharged from the hospital
- You will be given specific instructions for physical therapy, weight bearing status and wound care
- You will follow-up in the office 1-3 weeks post-operatively unless your physician feels otherwise.

Updated 1/2018

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Hip Preservation Surgery

