



**ORTHOPEDIC & SPINE INSTITUTE**

at St. Mary's Medical Center

## Periacetabular Osteotomy (PAO)



Normal Pelvis

Dysplastic Pelvis

After PAO

### How to Prepare for Your Surgery:

- You will be scheduled to have a Pre-Admission Test (PAT) before surgery. At this appointment you will have blood work completed if you have not already done so with your primary care physician. You will also be given specific instructions such as when to discontinue eating and drinking the night before your surgery, and will be provided with a scrub to be used while showering the night before and the morning of surgery. You will also meet with anesthesia at this appointment to discuss postoperative pain control options. It is recommended that you consider receiving a Duramorph injection which is a single dose injection to the spine which significantly helps to reduce the immediate postoperative pain.
- You must be off all anti-inflammatory medications/NSAIDS (both prescription and over the counter including: Advil, Aleve, Motrin, ibuprofen, naprosyn, naproxen, Celebrex, Celecoxib, Voltaren, Diclofenac, Toradol, Ketorolac, Mobic, Meloxicam, etc.) for 21 days prior to surgery, and usually must remain off all anti-inflammatories after surgery until cleared by Dr. Feldman. You must remain off anti-inflammatories for at least 3 months following surgery.

- You should discontinue all blood thinning medications such as aspirin, multi-vitamins, over the counter supplements, etc. 7 days before surgery. You will be instructed as to when you can resume these upon discharge from the hospital. You will most likely be discharged on aspirin or another form of anti-coagulation such as Xarelto depending upon your risk factors for blood clots.
- If you are on a prescription anticoagulant (Coumadin, Xarelto, Plavix, Eliquis, Pradaxa, Heparin, etc.) you must receive specific instructions from your medical physician as to when these should be discontinued and when these can be resumed after surgery.
- You MUST notify us if you have a personal history or a family history of early cardiac disease, phlebitis, blood clot to the leg or lung (PE/DVT) or a history of a bleeding disorder.
- If you cannot receive blood products due to religious reasons or have an objection to receiving blood products for any other reason, you MUST notify Dr. Feldman of this before surgery.
- You do have the option of donating blood before surgery. If you would like to do so, please let us know and you will be provided with a prescription to One Blood donation bank. You have the option of having a trusted family member or friend donate for you (needs to be donated at least 7 days before surgery) or making an autologous donation (you donate for yourself). If you wish to donate for yourself, this will need to be done at least 15 days before surgery but not more than 30 days before surgery. Please contact your local One Blood facility and they will provide additional instructions with regards to timing of blood donation. It is strongly recommended that you take an over the counter iron supplement before surgery if you are going to donate blood for yourself.
- If you are on oral contraceptives, they must be discontinued as soon as possible or at least 1 month prior to your scheduled surgery date. You will not be able to resume an oral contraceptive for at least 3 months following your surgery. You must use an alternative form of birth control in the interim.
- You may not smoke, vape or be exposed to second-hand smoke for 1 month prior to surgery and must refrain from smoking or exposure to smoke for at least 3 months following surgery.

### What to Expect On the Day of Surgery and During Your Hospital Stay:

- You will arrive at the Kimmel Outpatient building at the designated time you were provided. Surgery will take place in the Kimmel building, and you will then be admitted and transferred to St. Mary's/Palm Beach Children's Hospital. The surgery typically takes between 2-3 hours and the expected inpatient hospital stay ranges from 3-5 days, pending upon your individual progress. You will be followed daily by our clinical staff; physicians, PAs and/or ARNPs.
- Post operative pain control varies depending on the individual patient. It is recommended to consider the Duramorph injection which is given at the time of surgery and greatly reduces the initial postoperative discomfort. You will also be receiving pain medication intravenously as well as orally, and will be discharged home with oral pain medication. As you progress in your postoperative recovery, you will start to wean yourself from the use of narcotic medications. The only over the counter medication you may take for pain relief is Tylenol. Again, you must refrain from all anti-inflammatories for approximately the first 3 months after surgery.

- You will be mobilized the first day after surgery by physical therapy (PT) and will receive PT daily during your admission. The weight bearing restriction following this surgery is a 30 pound weight bearing restriction to the surgical limb. You will be required to use a walker and or crutches and can expect to be on this restriction for approximately *2-3 months* or until your bones are completely healed.
- All durable medical equipment (DME) such as a walker, crutches, shower chair, etc. will be provided to you before you are discharged from the hospital. Emily Ward can assist with any DME you will require, her email is: [eward@paleyinstitute.org](mailto:eward@paleyinstitute.org). You will not be in a brace following surgery unless otherwise specified by Dr. Feldman.
- You will have a urinary catheter placed during surgery and this will be removed on *post-op day 2*. You will also have a drain along your incision, this is typically removed just prior to your hospital discharge.
- You may require a blood transfusion based on the amount of blood loss during surgery and what your post-operative labs show. We do use a cell saver device in surgery which spins down any blood loss and it is then able to be transfused back to you in an effort to minimize the chances of you having to receive a transfusion. If you opted to donate blood beforehand, these units of blood will be given to you in lieu of receiving blood from the hospital blood bank.

### What to Expect Once You Leave the Hospital:

- Your first postoperative appointment will be *10-14 days* after surgery. If you are from out of town, it is advised that you remain local until your first postoperative appointment. Jessie Smith can assist with making lodging accommodations. Her email is [jsmith@paleyinstitute.org](mailto:jsmith@paleyinstitute.org), and she can be reached at 561-844-5255, ext 255.
- **Wound Care:** The incision is typically a linear incision which will be well concealed under an undergarment or bathing suit. The suture is an absorbable suture which will dissolve in *2-3 weeks* time. You may notice the clear suture coming from each end of the incision, these strings will be removed for you at your first postoperative appointment. You will have steri strips applied to the incision, which is then covered with a waterproof island tegaderm dressing. This island dressing will remain in place for one week. You may remove this tegaderm island dressing and shower on *postoperative day 7*. You should re-cover the incision and steri strips with sterile gauze and paper tape after each shower. Do this dressing change daily until you are seen for your follow-up. The steri strips will begin to fall off on their own. Do not actively remove them. Avoid immersion bathing in the pool or bath for *4 weeks* until the wound is completely healed.
- **Physical Therapy:** You will not need much therapy for the first *12 weeks* after your surgery. It is advisable to attend a few sessions of PT in the beginning to establish your restrictions with weight bearing, ensure your safety while using crutches or a walker, and to create a home exercise program.
- **First Post-op Appointment:** Your first postoperative appointment is typically scheduled between *10-14 days* after surgery. You will have x-rays taken at this time and the first wound check will be performed.

- **Second Post-op Appointment:** Your second postoperative appointment will be scheduled approximately *6 weeks* after surgery. Another set of x-rays will be taken at this visit, and based upon the x-ray findings, some of the weight bearing restrictions and exercises may be advanced.
- You may begin *driving* between *6-12 weeks* depending upon how your bone is healing.
- You may engage in *sexual intercourse* after *6 weeks*.
- **Third Post-op appointment:** Your third postoperative appointment will be *12-14 weeks* out from surgery. Again, based upon your individual progress and the appearance of the x-rays, the typical progression is to enroll in formal physical therapy to essentially get you sport ready while doing so in an incremental fashion. This is typically the timeframe when the intense therapy begins. It is important to be mindful of the number of physical therapy sessions your insurance company will allow. Please contact your insurance company to determine what the coverage is for physical therapy as you may want to reserve your PT benefits for the more intense rehabilitation required at that time.
- You can typically return to school after your first postoperative appointment. If you have a sedentary desk type job you can typically return to work after your first postoperative appointment so long as you are off all narcotic medications. If you have a physically demanding job, we advise that you do not return to work for *6-12 weeks*. We are happy to provide any necessary documentation or forms required by your school or work. Our medical assistants, Keisha Bourne (kbourne@paleyinstitute.org) and Dalia Hanna (dhanna@paleyinstitute.org) can assist with this and can also be reached at 561-844-5255, ext 240 and ext 243.
- You may sleep in any position you are comfortable in.
- You will not need antibiotics for routine teeth cleanings unless otherwise directed by your dentist.
- You will not be administered a TSA card for flying, however it is advisable that you notify the TSA agent that you have stainless steel screws in your pelvis.
- You most often will be advised to have the screws removed. This is an outpatient procedure and is typically performed sometime between *6-12 months* after surgery. Yes, you can keep your screws. If you are not local, because this is an outpatient procedure you will only need to stay in the area for a day or two and can have your local primary care physician remove the suture for you after *14 days*. You will not be placed on any restrictions postoperatively following removal of the hardware.