

Peri-Acetabular Osteotomy Post-Discharge Instructions

Post-Discharge Instructions

- The PAO has sutures that will resolve on their own.
- You can remove your dressing on Day 4 to 5 after surgery as long as there is no drainage. When the incision is dry you can shower and dry off even with arthroscopy sutures in place.
- Wean off the oxycontin (long acting oral medications) within 7 to 10 days after discharge. Do this by going from two times a day dosing to one time a day for 2 to 3 days and then off all medications.
- Do not soak the incision under water for the first 3 weeks.
- 30 pounds weight bearing on leg for 8 weeks.
- Begin range of motion (ROM) exercises early. The goals of early in home PT are to ensure you are performing ADLs and ambulating safely, and to regain ROM. Be patient early exercise is important, however overly aggressive exercise can result in short term inflammation of muscle group about the hip area. Pace yourself based on your body's response to your increasing activity.
- Avoid very deep flexion of the hip for 3 weeks, then increase as comfortable
- 4 to 5 weeks after surgery out-patient PT can begin with a goal of strengthening your abductor muscles in preparation to beginning to advance your weight bearing.
- At 8 weeks post-op advance weight bearing to " 75 pounds on your operative leg. Advance the amount of weight you place on your leg 50 pounds per week until you are placing all your weight on the operative leg. During this time if advancing your weight is painful for you-please reduce the weight you are placing on your leg and call my office .
- Once you are able to place full weight on your leg use one crutch or a cane until your limp resolves. The time for this varies, but usually the limp is resolved by 3 months after surgery.
- The sequence of rehab post-op is to first regain ROM, then regain hip and core muscle strength, and finally regain endurance for aerobic and strength activity.
- The goal of PAO surgery is to allow you to resume a normal lifestyle with activities you wish to engage in. As with all of us, you will occasionally have aches and pain in your hip. This is normal. Many of my patients with the best outcomes have adopted of spending a few minutes a day focusing on hip muscle stretching and strengthening exercises. You may need Tylenol or a non-steroidal anti-inflammatory form time to time to help with mild symptoms.