Bony Hip Reconstruction

CCP
Center for Cerebral Palsy
at UCLA | LuskinOIC

Your son/daughter has been scheduled to undergo bony hip reconstruction. This surgery includes adductor lengthening, proximal femur varus osteotomies and, in some cases, Dega pelvic osteotomy(ies) to improve hip coverage and prevent further, painful, debilitating hip dislocation. Hips that are well reduced allow for increased hip range of motion, improved sitting balance, and a decrease in future hip pain and risk of scoliosis.

During surgery, the tendons located in the inner thigh will be lengthened, a cut in the top of the thigh bone will be made, and a wedge of bone will be removed to allow the femoral head to move deeper into the hip socket. The bone will then be held into place with a plate and screws. Lastly, if needed, a cut will be made in the pelvis, and the wedge of bone that was removed from the thigh bone will be placed into the cut. Sometimes, we need to use bone from a cadaver to supplement the bone removed from the thigh for this step. This deepens the actual socket of the hip joint. Surgery will last approximately 6 hours, and your child will receive general anesthesia with or without an epidural, which you will discuss with your anesthesiologist on the day of surgery. An epidural is recommended to help with pain management for the first day and a half. If you decide on the epidural, it will be placed once your child is under anesthesia.

Postoperatively, your child will stay 3-5 nights in the hospital for pain control and physical therapy. You are allowed to stay with your child in the hospital. Your child will wake up with an abductor wedge and bilateral knee immobilizers. Your child will remain in knee immobilizer(s) full time for 6 weeks postoperatively. Your child's in-hospital therapist will show you how to take the braces on and off.

During the hospital stay, your child will also work with our physical therapist on gentle range of motion, transfers, and "tummy time," which your child should have for 2 hours/day. You should continue with this at home for 6 weeks post-operatively. You can divide the 2 hours up into 15-20 minute intervals throughout the day, if you/your child prefer. Your child will remain non-weightbearing for the first 6 weeks. Prior to discharge, you will receive a wheelchair for your child to use for 6 weeks. During the first 6 weeks, the hips cannot be bent past 90 degrees, and the legs cannot cross in the midline. Your child can return to the use of a stander or walker 6 weeks post-operatively, and your child may restart his/her physical therapy 6 weeks after surgery. You will receive a prescription at your first post-op appointment if needed.

You will be discharged from the hospital with Ibuprofen, Tylenol, Diazepam and Oxycodone. If your son/daughter develops fevers, chills, increase in pain, or redness/swelling/discharge at the incision site, please contact Dr. Thompson immediately. We will see you in clinic 2 weeks after surgery for clinical evaluation and x-rays.

- **Surgery Time:** Approximately 6 Hours
- **Hospital Stay:** 3-5 Nights
- **Equipment:** Hip Abduction Pillow and Knee Immobilizers
- **Post-operative Medication:** Ibuprofen, Tylenol, Diazepam, Oxycodone
- **Weight-bearing Status Post-Op:** Non-Weight Bearing
- **Physical Therapy:** Starts at 6 Weeks