



THE ORTHOPEDIC PARTNERS
AN RCM CLINIC

PARK CITY • HEBER CITY • SALT LAKE CITY

Post-op Instructions:

(These apply to the following conditions)

- SCFE (Slipped Capital Femoral Epiphysiodesis)
 - Periacetabular Osteotomies, Triple pelvic osteotomies (also Dega, Salter, Pemberton osteotomies)
 - Surgical Hip Dislocation
 - Proximal femur fractures (femoral neck, intertrochanteric, subtrochanteric)
 - Proximal and Distal (upper and lower) femur osteotomies
 - Femur shaft Intramedullary nail(s) or Plate/screw fracture fixation
1. Following surgery, your child will have a bandage on their hip and/or knee.
 - a. ** If your child was placed in a SPLINT, please leave it alone. Do not remove it or allow it to get wet.
 - b. In some cases, your child will be given an ABDUCTION pillow to wear. This is worn *only at night*, when the patient is sleeping. It does not need to be worn when up with crutches/walker/wheelchair. Use this for approximately 6 weeks, or until your post-op visit.
 - c. If your child has a knee immobilizer or brace, Dr. Woiczik will explain the limits of motion, and when this is to be worn.
 2. Keep the dressing clean and dry for 2-3 days. Remove dressing by day 3 following surgery; surgical area may be washed with soap and water, blot dry. The wound can be left open to air at this time. If you prefer, it can be recovered with gauze and tape or ACE wrap.
 3. Showering is acceptable day 3 after surgery. No soaking the wound for 2 weeks (NO swimming, bathing, hot tub use).
 4. Steri-strips usually start to lift off by 10-14 days. Remove them completely by 14 days following surgery, even if they haven't started to lift off the skin. There are 2 clear stitch ends sticking out of the skin, at each end of the surgical scar. Please lift the stitch with your fingers (or tweezers), gently pull up on the suture, and cut it at its base. The stitches under the skin typically dissolve (but can take several months to completely go away).
 - a. If you feel or see a stitch that comes to the surface, please use a pair of tweezers to lift it up and cut it at the base. These dissolvable stitches will eventually go away, but on rare occasion the body tries to spit them out. If they get irritated, they can look like they have pus or an abscess/infection around them. Please try to remove them. Soaking the area can make it easier to remove the suture, as well as a warm compress.
 - b. If there is a dark blue or black suture, do NOT remove these. Dr. Woiczik will remove these in clinic, or explain how to remove them at home.
 5. Your child will be instructed on weight bearing:
 - a. WBAT: weight bearing as tolerated: This means putting full weight on the leg, with or without the assistance of crutches/walker.
 - b. TTWB: toe touch or touch-down weight bearing: This means your foot can be on the floor for balance, but no weight can be placed on the leg beyond gravity. The leg/foot simply rests on the floor.

- c. NWB: non weight bearing. No weight through the leg or foot!
 - d. ** Please follow Dr. Woiczik's weight bearing instructions, so that recovery goes smoothly, and no complications occur related to the hardware. Plates/screws/rods can break if the patient puts too much weight or pressure on their leg.
6. It is safe and expected that your child can move their hip or knee following surgery. Motion of the joint decreases stiffness, and speeds recovery. Unless directed otherwise, we recommend starting to move the hip/knee as soon as pain and comfort allow.
7. Pain Control:
 - a. Ibuprofen is recommended to be taken every 6 hrs, and Tylenol every 4 hours, unless there is a specific reason these medications cannot be used.
 - b. Narcotics, including oxycodone, are only taken *if needed*. Please schedule the Ibuprofen and Tylenol for the first few days following surgery, as this will lessen any narcotic medicine that is needed.
 - c. Valium (Diazepam) may also be prescribed for muscle spasms. Please use this if you see jerking or spasms, which most often occur in the first 2-3 days after the cast is applied. The medicine can be taken every 6 hrs. It will cause drowsiness. It should not be required after 7 days.
8. ***Surgical Hip Dislocations:**
 - a. Please follow the anterior hip precautions provided to you by Physical Therapy (for 6 weeks post-op)
 - b. If you were given a CPM (continuous passive motion), please use it for 8 hours per day. This can be broken up into convenient times, for a total of 8 hours per day. You can also use it while sleeping.
9. Follow-up visits will be at 2 weeks post-op (if needed), then again at 5-6 weeks following surgery.