

PATIENT'S GUIDE

# Hip Preservation Surgery



Orthopaedics & Physical Performance



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# Welcome

At UR Medicine we understand that hip pain and dysfunction can severely impair in your quality of life. Our primary objective is to deliver world-class care for your hip problem in a highly personalized manner. With our wide breadth of clinical and surgical expertise and comprehensive team approach, we are confident that we can find a solution to help you overcome your pain and achieve a higher level of physical function.

We specialize in the treatment of pre-arthritis hip pain. Advances in technology and innovations in surgical treatments have led to an evolution in the way complex hip problems are treated.

We look forward to applying our knowledge and using every available tool at our disposal to customize a treatment to suit your individual hip problem. Thank you for allowing us to participate in your care.

## Our Team



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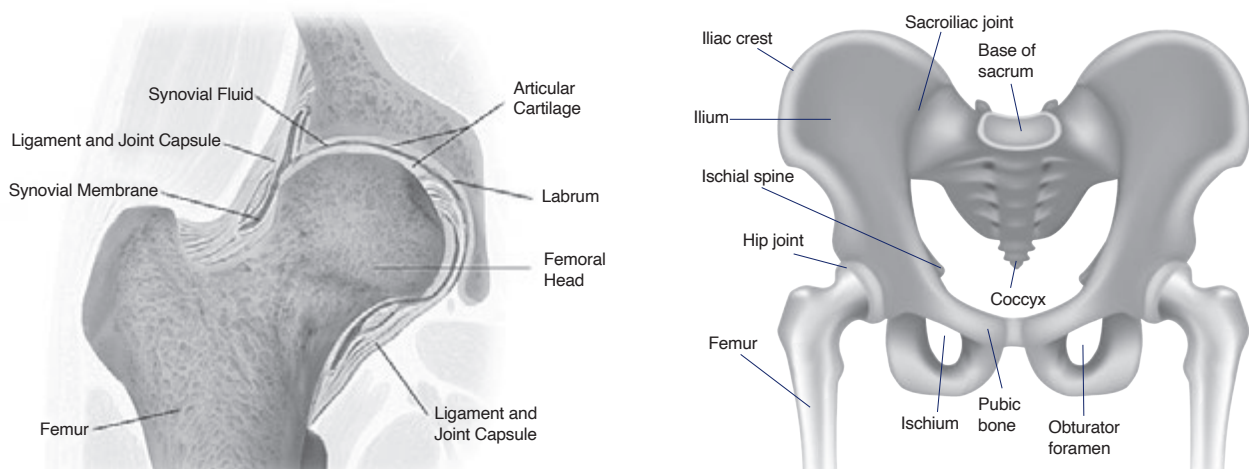
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## The Hip

The hip joint is formed by a “ball” (femoral head) and “socket” (acetabulum), which join together to form a mobile joint. The bones are covered in cartilage to help absorb stress from weight bearing. Ligaments, tendons and muscles work together to keep the joint stable while the body performs different activities. Injuries to any layer of the hip can cause pain and compromise your physical function.



## Problems in the Hip

**Femoroacetabular Impingement (FAI):** The ball and/or socket of the hip can be irregularly shaped, which may cause anatomic conflict within the joint. Repetitive friction may lead to damage of soft tissue structures within the hip and/or cartilage.

**Labral Tear:** The labrum is a cartilage ring around the socket that seals the joint and provides stability. Separation, or tearing, of the labrum may cause pain, stiffness, catching or locking within the joint.

**Acetabular Dysplasia:** As the hip develops, the socket is too shallow and does not allow the ball to fit firmly in the joint. Reduced coverage over the femur may cause the hip to be unstable and/or painful. Increased stress may cause the joint to wear down (become arthritic) earlier than normal.

**Avascular Necrosis (AVN):** When the blood supply that feeds the bone is disrupted, it may cause the bone to die. Some causes of AVN of the femoral head include a traumatic injury (dislocation/fracture), Legg-Calve-Perthes, Slipped Capital Femoral Epiphysis, and chronic steroid or alcohol use.

**Alignment Abnormalities:** Malalignment of the upper part of the femur may place abnormal and excessive stresses on the cartilage within the hip socket, causing premature damage. This may also cause the surrounding muscles to become overworked.

**Trochanteric Bursitis:** Sac-like pockets composed of fluid and connective tissue are found around many joints in the body. These bursae can form into scar bands later in life. They act to reduce friction between the bone and soft tissues around the hip joint. Bursitis may occur as a result of age, repetitive activities, trauma, or structural abnormalities.

**Loose Bodies:** Pieces of torn cartilage or bone may float around in the hip joint and cause locking or pain when they lodge between the ball and socket.

**Cartilage Defects:** The normal wear and tear of life may eventually damage the cartilage, the material that covers the surface of bones in healthy joints. When the cartilage softens or tears, it may cause pain, reduce available motion within the joint, and limit function.

**Snapping hip:** This syndrome is commonly caused by tendons snapping over bones in the hip. The iliotibial band that travels from the pelvis to the knee can snap at the outside of the hip, irritating the trochanteric bursa and muscles. Snapping can also occur at the front of the hip when there is inflammation surrounding the iliopsoas (hip flexor) tendon.

**Synovitis:** The synovium, the lining of the hip joint, can become inflamed. When this occurs it may cause pain and reduce mobility in the joint.

**Soft Tissue Abnormalities:** Soft tissue injuries will generally resolve without surgical intervention, but when pain does not resolve or if the injury becomes worse, surgical inspection and repair may be necessary. Often this occurs when the injury is located in the tendon of the muscle, near where it attaches to the bone. Although rare, muscles that most commonly need to be repaired include the gluteus medius, proximal hamstring, and adductor.

**Athletic Pubalgia/“Sports Hernia”:** A soft tissue syndrome involving irritation and imbalance of pelvic or core muscles at the musculotendinous junction (the site where the muscle and tendon meet or where the tendon attaches to the bone). Pain in the central pelvis or groin may be experienced as a result of inflammation and/or tearing of the muscle, as well as irritation of surrounding nerves.

**Legg-Calve-Perthes Disease:** A childhood condition that occurs when blood supply is temporarily interrupted to the ball (femoral head) of the hip joint. Without sufficient blood flow, the bone begins to die and deform.

**Slipped Capital Femoral Epiphysis:** An adolescent hip condition that affects the growth center of the hip (the capital femoral epiphysis). The upper part of the growth plate slips backwards on the top of the femur and if left untreated can lead to serious hip dysfunction and pain later in life.

## Hip Treatment

Hip preservation surgery encompasses a variety of techniques. These include cartilage and soft tissue repairs or reconstructions, joint reshaping, and structural reorientation procedures intended to disperse weight-bearing forces evenly throughout the joint to keep the hip healthy. Common procedures include the following:

**Hip Arthroscopy:** A minimally-invasive surgical technique used to look inside the hip joint and address concerns. Small incisions are used to place an arthroscope (a camera) and tools needed for the surgery inside your hip. This technique may be used to address FAI, labral tears, and some soft tissue or articular cartilage abnormalities.

Arthroscopic procedures are often performed in addition to complex open procedures, either at the same time, or staged (multiple procedures performed a few weeks apart). Your team will discuss with you what is recommended for your hip.

Procedures that can be performed with arthroscopic techniques include:

***FAI Decompression:*** A motorized burr is used to remove regions of overgrown bone that are restricting motion. Restoration of normal joint shape can provide improved mobility and function.

***Labral repair/debridement:*** Symptomatic labral tears can be addressed in multiple ways during surgery. Based on the characteristics of the tear, your surgeon will decide if the labrum will be debrided (remove the damaged tissue only), repaired, or replaced with graft (cadaver) tissue.

***Trochanteric Bursectomy:*** Arthroscopic instruments are placed in the peritrochanteric space (outside of the hip) and the inflamed bursa and surrounding bands of scar tissue are removed.

***Tenotomy:*** Painful snapping that does not resolve with conservative treatment can be addressed with a partial release, or lengthening, of the tendon. This procedure is most often performed for internal and external snapping hip syndrome by lengthening the iliopsoas (internal) or iliotibial (IT) band (external).

***Synovectomy:*** Inflamed tissue that does not resolve with conservative treatment can be resected to restore motion and improve pain.

***Cartilage Restoration:*** When the cartilage is not healthy, various techniques can be used to preserve or restore the “shock absorber” of the joint. These techniques may include microfracture, where small holes are drilled into the bone marrow to release cells that can form a scar cartilage “cap” over defects. Microfracture is generally used for small defects when the remainder of the joint is healthy. When widespread cartilage damage is present or unstable flaps of cartilage are causing pain, simple debridement or tissue “smoothing” is performed.

Open procedures that are commonly performed include:

***Periacetabular Osteotomy (PAO):*** Cuts are made around the hip socket, so it can be rotated to deepen the socket and provide increased stability within the joint. It is then fixed in its new position with screws that allows the socket to better cover and contain the femoral head.

***Proximal Femoral Osteotomy:*** The femur is cut and re-positioned at a more normal angle, improving force distribution and preventing accelerated wear of the cartilage in the joint.

***Surgical Dislocation:*** Some techniques require access to deep inside the hip, which cannot occur when the joint is sealed together. Dislocating the hip enables the surgeon to see and reach deep into the joint to address abnormalities in any area of the hip.

***Muscle/Tendon Repairs:*** Occasionally tears in muscles/tendons (hamstring, gluteus medius, adductor) are so severe that they do not heal with conservative treatment and require surgery. Some of these repairs can be completed using arthroscopic techniques, but for larger or more chronic tears, an open procedure may be necessary. To repair the muscular/tendinous tissue, sutures are anchored into the bone and wrapped into the muscle/tendon to secure the torn tissue back to its natural position.

## Risks Associated with Hip Surgery

Hearing about the risks of surgery can be scary. Please rest assured that we exercise every possible precaution to make sure that your surgical risks are minimized. If you have specific questions regarding the risks of your surgery, please discuss them with your medical team.

### Infection

As with any surgery, there is a risk of infection. The hospital staff will teach you how to take proper care of your incisions after surgery to minimize the chances of acquiring an infection. Inspect the incisions and the area around your incisions daily and notify your surgeon if you notice any of the following signs and symptoms:

- increased redness, swelling or pain at the incision site
- an increase in drainage or yellow/green drainage
- an odor
- a fever greater than 101° F, or surrounding skin that is increasingly hot to touch

### Blood Clots

Restricted mobility following surgery may cause a decrease in blood flow and allow blood to coagulate in the veins of your legs, creating a blood clot. It is important to elevate your legs and routinely perform ankle pumps to minimize the risk. Please let your surgeon know before surgery if you or a family member has a history of blood clots or clotting disorders, if you take oral contraceptives (birth control pills) or if you have a significant history of tobacco use.

Signs of blood clots: Swelling in the thigh, calf, or ankle that does not go down (especially overnight). Increased pain, tenderness, redness or warmth in calf, or calf pain with ankle pumps.

**If you notice these symptoms call your physician, or go to the nearest emergency department immediately.**

### Bleeding

The hip is supplied by a complex network of blood vessels. Some procedures can cause a large amount of bleeding during surgery. Rarely, patients will need a blood transfusion if a large amount of blood is lost. You will be offered the opportunity to donate your own blood prior to surgery (See Autologous Blood Donation under “How Do I Prepare for Surgery?”).

### Nerve Damage

Numbness in the area around your incisions is common. Small nerve branches that produce sensation may be stretched with surgery and temporarily cause the area to lose feeling. Injuries to the major nerves that control leg function are, fortunately, very rare.

### Risks of Anesthesia

Risks of anesthesia will be discussed separately by your anesthesia provider.

## How Do I Prepare for Surgery?

### Pre-operative appointments

Prior to your surgery date, you will have clinic appointments with the Hip Preservation Team. During this time, your potential surgical plan will be reviewed with you. We encourage you to ask questions to ensure that you fully understand your injury, surgery, and the extent of post-operative care. Once you feel comfortable with the information provided to you, you will be asked to sign a consent form stating that you understand the plan and want to proceed with the surgery.

You will also have a pre-operative rehabilitation appointment with a member of the Hip Rehabilitation Team, who will review crutch/walker ambulation, mobility tasks, and immediate post-operative exercises for you to perform. The Hip Rehabilitation Team member will also review initial movement and weight-bearing restrictions. Please ask any questions you have about functional tasks to improve your ability to care for yourself after surgery.

### **Autologous Blood Donation**

If a significant amount of blood is lost during your surgery you may need a blood transfusion. You will be provided with the opportunity to donate your own blood, if you would like to do so. Please discuss this with your surgeon if you are interested in Autologous Blood Donation. This blood is saved and prepared to give back to you if you need it during or after the surgery. If you elect to donate, you can call the Blood Bank Donor Program at 585-275-9662 to schedule.

### **Lab Work**

You will need to stop at the lab to provide a small sample of blood and urine to evaluate pre-operative levels. If you decide to do an autologous blood donation, the blood and urine will be collected at the time of your final donation, eliminating the need to go to the lab a separate time.

### **Quit Tobacco Use**

Research has shown the use of any tobacco product inhibits bone healing and may delay or prevent your bones from healing properly after surgery. It is strongly recommended that you quit the use of tobacco products at least 2 weeks before your surgery. If you would like help or advice, please call the New York State Smokers' Quitline at 1-866-NY-QUITS (1-866-697-8487).

### **Discuss Current Medication**

If you are currently taking oral contraceptive pills, please let your medical team know. You may need to temporarily discontinue their use prior to surgery.

You may also need to discontinue NSAIDs for 7 days before your surgery. This will be discussed at your preoperative appointment.

Notify the office if you begin a new medication, or receive a vaccine.

### **COVID Testing**

Due to the nature of the pandemic, COVID guidelines are changing.....

You will discuss COVID testing at your preoperative appointment. Be prepared to show proof of COVID vaccination if needed.

### **24 Hours Before Surgery**

The day before surgery, you may be advised to take Naprosyn (500mg). You may also be given anti-nausea medication—please tell your surgeon if you have a history of nausea after surgery, or if you experience motion sickness.



The afternoon before your surgery, you will receive a call from the hospital informing you of the arrival time for your surgery and final instructions. If you do not receive this call by 4:00 pm, please call:

585-276-3110	Golisano Children's Hospital
585-275-8256	Strong Memorial Hospital
585-341-6707	Highland Hospital

Do not eat or drink anything after midnight the night before surgery. This includes (but is not limited to) candy, gum, mints, water, coffee and juice. Failure to comply with these instructions may lead to a delay or cancellation of your surgery.

- If you need to take essential medications on the morning of your surgery, you may take your pills with a small sip of water.
- You may brush your teeth the morning of surgery, just do not swallow the water.

### What should you pack for your hospital stay?

Plan to stay in the hospital for up to 7 days. Bring any personal belongings you may need during this time. Please be sure to bring medications you take regularly, Driver's License/Photo ID, and medical insurance cards. If you take medications and they are available on formulary through the hospital, they will be dispensed to you through the Strong Memorial Hospital pharmacy. If you have crutches, please bring them with you. If you do not have them, please alert us ahead of time and they will be provided for you in the hospital. Be sure to pack loose clothing that you will be comfortable in after your surgery.

Do not bring make-up, piercings, jewelry, money, credit cards, or any other personal valuables. Golisano Children's Hospital/Strong Memorial Hospital is not responsible for lost or stolen property.

### The Day of Surgery

When you arrive at the hospital you will be taken to the **pre-operative area** where your surgeon(s) and anesthesiology team will meet with you to discuss the surgical plan. Nurses will start an IV and may give you medication to help you relax. You will be wheeled on your bed to the **operating room**, where the anesthesiologist will administer general anesthesia. You will constantly be monitored to evaluate your breathing and heart rate. While you are asleep, a urinary catheter will be placed by a nurse to help monitor your fluid balance and minimize the need for frequent trips to the restroom while you are in the hospital. When the surgery is complete, you will be moved to the **post-anesthesia care unit (PACU)**. The nurses and anesthesiology team will make sure you are comfortable. Your family members will be brought in to visit you when you wake up. When you are awake and alert with controlled pain, you will be transferred to a bed in an **inpatient room** where you will stay for your remaining time in the hospital.

### While you are in the hospital

Most patients stay in the hospital for 3 – 5 days.

**Pain control:** Medication will be given to you to help reduce your pain and make you more comfortable. Please understand this medicine will not take away all of your pain but will bring it down to a tolerable level. Tell your nurse how you are feeling frequently so he or she can help you feel more comfortable and give you more medicine when you are allowed to have it. Medication

may be given to you any of the following ways:

- Pain Control Analgesia (PCA) – A “pain pump” is programmed to give you a small dose of medicine at a time. It also allows you to press a button, over a set period of time, to receive more medication in your IV when you are in pain.
- Oral Medicine (liquid or pills) – When you are able to eat and drink you will be able to take medicine through your mouth instead of through your IV. Please understand medicine will not take away all of your pain—pain is normal and expected after major surgery.
- Epidural/spinal/regional – If you are unable to take oral pain medication or have some other extenuating circumstance, this adjunctive pain treatment may be used. A catheter is placed in to your low back and a medication is placed into the space lining your spinal nerves.
- Other ways to help reduce your pain include using the CPM machine, getting up and moving around (under supervision of a physical therapist or nurse), changing your position, and icing.

**Hip dressing:** You will have a bandage over your incisions to keep the surgical area covered. Your dressing will be changed once before you go home. You will keep your incision covered for about 1 week. You do not have stitches that need to be removed, but you will have a part of your stitch that your surgeon or physical therapist/athletic trainer will cut 3-4 weeks after surgery.

**Going to the bathroom:** Initially you will have a catheter in your bladder to drain your urine, so you will not need to get up to go to the bathroom. Once you are awake, able to eat, and move around, this will be removed and the nurses will help you get up to go to the bathroom when you need to. You are required to have a bowel movement (BM) before you are discharged to home. You may be given medication to help you do this, to avoid making your hip hurt.

**Physical Therapy:** Physical therapists at the hospital will help you get in and out of bed, sit in a chair, and walk using crutches and/or walker. You will be instructed to keep your knee straight and place your foot flat on the ground while walking with your assistive device. You may not walk, but you should put 10-20 pounds of weight on your surgical leg. At this time you may begin the exercises that were reviewed with you at your pre-operative rehabilitation appointment. Please ask the hospital physical therapists if you have questions about these exercises.

**Movement:** A continuous passive motion (CPM) machine may be applied to your leg to move your hip in order to prevent stiffness and help with pain. You will use this machine during the night and also off and on during the day while you are in the hospital. Your physician may have you continue to use this machine when you go home.

## Caring for Yourself at Home

You will be discharged from the hospital once your pain is controlled, and you have had a bowel movement, are able to get in and out of bed, and demonstrate to your physical therapist that you are able to safely get around using crutches/walker. Once you are home, there will be some necessary precautions due to limitations from your surgery. Below are some suggestions that will help make your transition to home as simple and safe as possible.

## Do's and Don'ts

- **Do** sit in a stable, high-seated chair with two armrests so that you can push off from the chair. If the seat is too low, place a pillow on the seat of the chair.
- **Do** use caution with household pets until you are in the house safely and seated.
- **Do** remove scatter rugs/hallway runners, and tape down edges of large area rugs.
- **Do** keep electrical cords and phone cords out of the way.
- **Do** keep your home well lit, including nightlights, a bedside light, and entry way lights.
- **Do** be very careful of water on the bathroom floor. It is a good idea to have a chair for sitting in the shower the first few weeks after your surgery.
- **Do practice getting around your house using crutches prior to your surgery. (REMEMBER TO PRACTICE GOING UP AND DOWN STAIRS!)**
- **Avoid** leaning forward more than 90 degrees (this includes reaching down to pick objects off of the floor or tying your shoes).
- **Do not** sit in low or overstuffed chairs or sofas.

**Medications:** You will be given **narcotic pain medication** to take home with you. Use these medications as instructed when needed for pain. Pain medication may cause constipation, so remember to drink plenty of fluids, eat a high fiber diet and, if needed, use stool softening medications as directed.

You may take Tylenol **instead** of narcotic pain medication, but not in addition to it.

You may be given a **blood thinner** to lower your risk for developing blood clots. This medication will likely be Aspirin or an injection you give yourself, called enoxaparin (Lovenox). There are things you should know about taking blood thinner medications:

- You are at a higher risk for bleeding. Protect yourself from cuts, bumps and bruises
- You should inform other health care providers and your pharmacist that you are taking a blood thinner
- You should not take additional Aspirin or NSAIDs, other than what your surgeon has prescribed, while taking a blood thinner

**Hip Dressing/Incision Care:** Your dressing will be changed before you leave the hospital and again at your outpatient rehabilitation visit. Do not apply any lotion, cream or antibiotic ointment to your incision.

**Bathing:** 7 days post-op you may shower, but you may not soak or submerge your incision until your surgeon tells you it's okay (between 2-4 weeks after surgery). In the first 7 days, you may take a sponge bath in 2-3 inches of water without getting your incision wet. You may want to use a shower stool to prevent slipping and falling.

**School/Work:** For a few weeks following surgery, sitting and prolonged standing will be difficult for you. If you are currently a student, you will miss approximately 4 weeks of school then gradually progress back in to full days.

Returning back to work greatly varies on the demands of your job. You may be restricted from working for anywhere from 1 – 6 months.

**Movement Precautions:** For your comfort, avoid low or overstuffed chairs. You should be laying flat on your back, or on your stomach for a majority of the day. Avoid crossing your legs or feet and leaning forward to pick something up off the ground or tie your shoe/put socks on, until you can do so without pain.

**Icing:** Until you have no pain, soreness, warmth or swelling, you should be icing frequently (at least 4 times) throughout the day. Avoid chemical ice packs, as they may cause frost-bite and skin irritation. Crushed ice in a well-sealed bag or bags of frozen peas work well.

## Post-operative Rehabilitation Program

You will begin formal rehabilitation at our outpatient clinic **1–3 days after leaving the hospital**. The rehabilitation program will be designed for you and your specific surgery. You will have restrictions on the amount of weight that you can bear on the surgical leg and the amount you are able to move your hip. All restrictions will be reviewed with you at your first outpatient rehabilitation appointment. You will attend therapy for approximately 5-6 months, or until you have returned to all activities you would like to do with approval from your surgeon.

Maximizing recovery after hip surgery requires several things: protection of your healing tissue, a gradual return of range of motion and strength, resolution of swelling, and restoration of functional abilities. Your recovery program must be initiated **IMMEDIATELY AFTER SURGERY** unless you have been otherwise directed by your surgeon. A physical therapist/athletic trainer will review your program with you at your pre-operative appointment, and again at your first outpatient post-operative rehabilitation appointment. It is best to have thoroughly reviewed and practiced this program **PRIOR** to your surgery. It is very important that you complete your program with perseverance and consistency in order to optimize your recovery.

The following exercises are to be performed **3 to 4 times per day** immediately following your surgery. You may feel some discomfort while performing some of the exercises, but as you perform the exercises your pain should lessen. **If you are not sure you are performing the exercises properly, or if you are experiencing increased pain during or immediately after you do them, stop the exercises until you consult with your physical therapist or athletic trainer.**

### Exercises

**Ankle Pumps:** Moving the foot helps loosen the calf muscles, helps control swelling, and improves circulation.

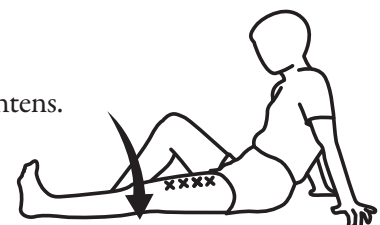
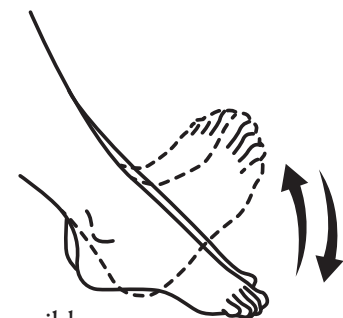
Pull toes back towards hip, and then push down away from you (as in using the gas or brake pedal while driving). Use a 1 count pace in each direction.

Perform 30 times, hourly.

**Quadricep Isometrics/Quad Sets** (front of thigh): With knee as straight as possible, contract the quad as if trying to straighten out your leg. Hold 5-10 sec; perform 10 times.

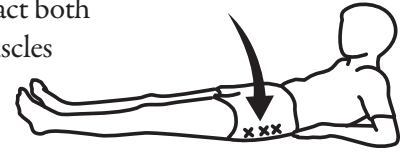
These cues may help you isolate the quads better:

- “Think-see-feel” kneecap being pulled up towards your hip as the quad tightens.
- Feel your quad as you squeeze to see if it is getting tight.
- Attempt to press the back of your knee into the floor.



**Glute Sets:** While lying down on your back with both legs straight, contract both gluteus muscles (the large buttocks muscle). Use your hands to feel the muscles tightening under them.

Hold 5-10 seconds; perform 10 times.



## Aquatic Therapy

After approximately 4 weeks, as your range of motion and strength continue to improve, it may be beneficial to perform exercises in a pool to help improve your function. The water creates less stress on your hip as you begin to practice a normal walking pattern. When it is appropriate, your physical therapist/athletic trainer will incorporate a pool program along with your land-based therapy program.

## Crutch/Walker Training

### Crutch Training

Immediately after surgery you will be allowed touchdown weight bearing, allowing about 20 lbs of weight (walk as if you were walking on egg shells). **Your knee should be straight, and your foot placed flat on the floor.**

#### Walking with Crutches:

- Put the crutches forward about one step's length.
- Put the surgical leg forward, level with the crutch tips.
- Touch the front of the foot of the surgical leg to the floor. Do not bear weight into the foot, but bear weight of the body on your crutches.

#### Going up stairs with crutches:

- Move to the front edge of the stairs.
- Press down on the crutches and advance the uninvolved leg to the step above.
- Stand erect and advance the surgical leg and crutches to the step.
- Repeat this process for the remainder of the steps.

#### Going down stairs with crutches:

- Move to the front edge of the stairs.
- Lower the crutches and your surgical leg down to the step.
- Press down on the crutches and advance the uninvolved leg.
- Repeat this process for the remainder of the steps.

If you do not feel confident and comfortable going up/down stairs with crutches, you can sit and use your arms to lift/lower yourself from one step to the next.



### Walker Training

After your hip surgery, you may need more help with balance and walking than you can get with crutches or a cane. A standard walker with four solid prongs on the bottom may give you the most stability. The walker lets you keep all or some of your weight off of your lower body as you take your steps. Your arms are used to support some of the weight. The top of your walker should match the crease in your wrist when you stand up straight. Do not hurry when you use a walker. As your strength and endurance get better, you will gradually be able to carry more weight in your legs.

**Walking:** First, put your walker about one step ahead of you, making sure the legs of your walker are level to the ground. With both hands, grip the top of the walker for support and walk into it, stepping with your injured leg first. Touch the toe of this foot to the ground first (remember, walking on eggshells), then use your upper body to support your weight while you complete your step with your good leg. Do not step all the way to the front bar of your walker. Also, remember to take small steps when you turn to prevent twisting of your hip.

**Sitting:** To sit, back up until your legs touch the chair. Reach back and feel for the arm rests or seat and kick surgical leg out in front of you before you sit. To get up from a chair, scoot to the edge of the seat and start with both hands on the arm rests. Place your good leg firmly underneath you and push with your arms and good leg. Once you are up, grasp the walker's grips.

**Stairs:** Never try to climb stairs or use an escalator with your walker.

## Follow Up Appointments

- **1 – 3 days** after you leave the hospital you will attend your first outpatient rehabilitation appointment.
- **3 – 4 weeks** after your surgery you will follow up with the Hip Preservation surgeons. At this appointment, they will take x-rays of your hip and discuss your surgery and recovery.
- **6 – 8 weeks** after your surgery you will follow up again with the Hip Preservation surgeons. They will take more x-rays of your hip, which will assist in deciding when you will be able to start a weight-bearing progression.
- Between **3 and 12 months** after your surgery you will have periodic follow ups with your Hip Preservation surgeons to ensure you have no complications, are healing well, and returning to activities you enjoy.

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If you live out of town and are not attending rehabilitation with our hip rehabilitation team, you will need to have an appointment with a member from our hip team when you are in town for your physician follow-ups. Once you have your physician follow-ups scheduled, please call your surgeon's office or email [hippreservation@urmc.rochester.edu](mailto:hippreservation@urmc.rochester.edu) to schedule your rehabilitation appointments for the same day.

## When to Call Us

Please call our your surgeon's office or email [HipPreservation@urmc.rochester.edu](mailto:HipPreservation@urmc.rochester.edu) if you experience any of the following:

- Signs of infection (fever, chills, pus/increased drainage from the incision, redness, abnormal swelling).
- Increasing numbness, weakness or tingling in your legs.
- Change in bowel or bladder control.
- Increased pain that isn't responsive to rest, ice, prescribed medications and physical therapy.

## Important Addresses and Phone Numbers

### Hip Preservation Team

Dr. Brian D. Giordano .....	(585) 242-1327
Dan Kleehammer, PA.....	(585) 242-1327
Kelly L. Adler, MEd, ATC.....	(585) 242-1327
Dr. P. Christopher Cook.....	(585) 275-1395
Emily Hermann, NP .....	(585) 275-1395
Justine Ross, PA-C .....	(585) 275-1395
Dr. Raymond J. Kenney .....	(585) 242-1294
Paige Harrington, NP .....	(585) 242-1294

For questions or more information email us at [HipPreservation@urmc.rochester.edu](mailto:HipPreservation@urmc.rochester.edu)

### Locations

Golisano Children's Hospital .....	601 Elmwood Ave., Rochester, NY 14642
Surgery Center .....	Orthopaedics & Physical Performance Center 10 Miracle Mile Drive, Rochester, NY 14623
Highland Hospital .....	1000 South Ave., Rochester, NY 14620
Victor .....	7670 Omnitech Place, Victor, NY 14564
UR Medicine Noyes Health .....	50 East South Street, Suite 800, Geneseo, NY 14454

### Rehabilitation Locations

BRIGHTON – Clinton Crossings 4901 Lac de Ville Blvd., Bldg. D, Rochester, NY 14618 .....	(585) 341-9200
BROCKPORT – Strong West 156 West Ave., Brockport, NY 14420 .....	(585) 341-9200
CANANDAIGUA – UR Medicine Thompson Health 699 South Main St., Suite 2, Canandaigua, NY 14424 .....	(585) 396-6050
DANSVILLE – UR Medicine Noyes Health 111 Clara Barton St., Dansville, NY 14437 .....	(585) 335-4239
GREECE – South Pointe Landing 10 South Pointe Landing, Rochester, NY 14606 .....	(585) 341-9200
PENFIELD – Platinum Office Complex 2064 Fairport Nine Mile Point Rd., Suite 100, Penfield, NY 14526 .....	(585) 341-9200
VICTOR – UR Medicine Thompson Health 7670 Omnitech Pl., Victor, NY 14564.....	(585) 602-0075

## Helpful Links/Resources

Please visit our Frequently Asked Questions page on our website,

[www.urmedicine.org/orthopaedics/hip-preservation/resources.cfm](http://www.urmedicine.org/orthopaedics/hip-preservation/resources.cfm)

[www.urmedicine.org/hip-preservation](http://www.urmedicine.org/hip-preservation)

[www.aaos.org](http://www.aaos.org)

[www.americanhipinstitute.org](http://www.americanhipinstitute.org)

[www.aahks.org](http://www.aahks.org)

[www.hipdysplasia.org](http://www.hipdysplasia.org)

[www.hipsoc.org/web/index.html](http://www.hipsoc.org/web/index.html)

[www.activerelapse.com](http://www.activerelapse.com)

[www.isha.net](http://www.isha.net)

[www.nlm.nih.gov/medlineplus/hipinjuriesanddisorders.html](http://www.nlm.nih.gov/medlineplus/hipinjuriesanddisorders.html)

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