

SURGERY FOR HIP INCLUDING HIP DYSPLASIA, DISLOCATION, SUBLUXATION OR A COMBINATION

PEDIATRIC SECTION OF THE ORTHOPAEDIC DEPARTMENT

General indication for the procedure: Indications for the procedure include hip dislocation/dysplasia, acetabular dysplasia (shallow hip socket), hip subluxation (hip sliding out), hip dislocation (hip completely out).

Description of the procedure:

For applying a spica cast: After the patient is put to sleep a small amount of dye may be placed within the hip joint with a needle. The dye allows the physician to evaluate the exact placement of the femoral head. If necessary, an adductor tenotomy (cutting of the adductor tendon) may need to be performed if the hip is tight in this tendon. If the femoral head is able to be positioned in the correct position without excessive manipulation then a spica cast is applied. Following the cast placement after the recovery room, the patient may have an MRI to confirm the placement of the femoral head.

For hips that require an open reduction: After the patient is put to sleep a small amount of dye is placed inside the hip joint to assess the position of the femoral head. If the head cannot be placed in the acetabulum (socket) or is very unstable, then an open procedure is performed. Depending on the child's age this is either performed via a medial (inside the groin) or an anterior (bikini line) incision. All the obstacles are removed and the femoral head is placed in the acetabulum. The patient is then placed in a spica cast for 3 months. The cast is changed after 6 weeks in the operating room.

For hips that require an open reduction, femoral shortening and/or acetabular procedure: The above is performed, however, if when the femoral head is reduced there is a lot of tension of the femoral head or it cannot be reduced, then a femoral shortening is then performed. An incision is made over the outside of the thigh bone and a small piece of bone is removed in order to relieve any pressure on the femoral head and to allow it to reduce easily. The bone is then held in place with plates and screws. If the socket is very shallow an osteotomy (bone cut) will be made of the acetabulum to allow for better coverage and development of a more normal appearing acetabulum (socket). The patient will then be placed in a spica and an MRI will be performed to assure correct position of the femoral head and that it did not slip out of position. The spica is worn for 6 weeks.

Risks of the procedure: Risks including yet not limited to infection, bleeding, damage to nerves or vessels, redislocation, avascular necrosis (loss of blood supply to the bone), limb length inequality and need for further surgery exist.

Procedure alternatives: The alternatives to the procedure would be patient observation.

Probable consequences of refusing procedure: Probable consequences of refusing this procedure would result in persistent limb (for dislocation/subluxation), apparent limb length inequality (for dislocation/subluxation), increased probability of osteoarthritis at an earlier age as well as hip pain.

Person(s) performing the procedure: The procedure will be performed by the attending surgeon who is a member of the medical staff of Rush University Medical Center and/or resident/fellow under the direct supervision of the attending surgeon. Resident/Fellows are licensed physicians in approved residency or post residency training programs. Parts of the procedure which they perform will be consistent with hospital policy and based on their level of training.