Western Health | Joan Kirner Women's and Children's Sunshine Hospital

Enhanced Periacetabular Osteotomy Pathway JKWC

The Enhanced PAO Pathway is to be used for:

- Uncomplicated periacetabular osteotomy +/- femoral osteotomy +/- removal of metalware
- No relevant co-morbidities
- No relevant complications

Standard Postoperative Orders

- Partial weightbearing 20% (TWB) for the first 4 post operative weeks with crutches or a frame
- Protected weightbear as tolerated (PWBAT) from postoperative weeks 4 to 6 protected with 2 crutches
- Then weightbear as tolerated with 1 crutch on contralateral side until gait is symmetrical
- No hip external rotation beyond 10°
- No hip flexion beyond 90°

Discharge goals

- Patient should be drinking adequate amounts and tolerating solid food
- Passing urine without difficulty
- Passing flatus
- Bowel movement is NOT required for discharge
- Adequate pain control on oral analgaesia
- Patient cleared for discharge from Physiotherapy and Occupational Therapy

Enhanced Periacetabular Osteotomy Pathway JKWC

	Day of Surgery	Day 1 Post Surgery	Day 2 Post Surgery	Day 3 Post Surgery
Pain Management	• PCA standard prescription opioid bolus OR • Opioid infusion with boluses PRN Standard prescription (if PCA not an option) for those unable to swallow tablets • Pain Buster as per weight • 1-2 Pain Busters • IV/oral Paracetamol regularly QID • IV intraoperative NSAIDS then commence post op oral NSAIDS • IV/Oral Diazepam PRN if needed • IV/Oral Tramadol 1-2mg/kg 6-8/24 if needed • Oral Clonidine 0.5-1mcg/kg tds PRN or Regular (per anaesthetist) • Anti-emetics	• Cease PCA after 24/24 OR • Cease opioid infusion after 24/24 • Targin 10mg/5mg PO BD For >50kg • Targin 5/2.5mg BD for <50kg • Oxycodone 4/24 PRN once PCA and/or opioid infusion ceased • Pain Buster to continue • Oral Paracetamol • Oral NSAIDS TDS • Oral Diazepam PRN • Tramadol Oral 6-8/24 if needed • Clonidine if needed • Aperients to start (coloxyl with senna and lactulose, +/- movicol)	• Targin BD dose titrated by CPMS based on Oxycodone requirements • Oxycodone PO 4/24 PRN • Pain Buster to continue (after 54 hrs infusion complete remove) • Oral Paracetamol • Oral NSAIDS TDS • Oral Diazepam as necessary • Tramadol Oral 6-8/24 if needed • Clonidine if needed • Aperients to continue	REGULAR • Targin BD • Paracetamol PO 6/24 today then decrease to TDS on discharge • Ibuprofen PO TDS (5 days postop) • Aperients to continue PRN • Oxycodone PO 4/24 PRN • Tramadol PO 6-8/24 PRN (cease if not required) • Discharge at 72-96 hours post operatively if goals have been met. • Ortho or Pain Team will recommend discharge analgesia

Enhanced Periacetabular Osteotomy Pathway JKWC

	Day of Surgery	Day 1 Post Surgery	Day 2 Post Surgery	Day 3 Post Surgery
Nutrition/ Diet	• Evening: oral fluids and simple diet as tolerated	• Allowed to eat and drink as able • Encourage oral fluids • Aperients to start (coloxyl with senna and lactulose, +/- osmolax and movicol)	• Allowed to eat and drink as able • Encourage oral fluids • Aperients to continue	• Allowed to eat and drink as able • At time of discharge patient should be drinking adequate amounts and tolerating some solid food • Bowel movement is NOT required for discharge • Continue aperients • Ensure bowel education and home prescription of stool softeners given to patient and family
Nursing, IV's	• Continuous monitoring • Hourly vital signs • Hourly neurovascular checks • Oxygen if needed • IV fluids • Urinary Catheter • IV antibiotics for 24 hours	• Stop continuous monitoring when patient stable and on oral pain medication • Vital signs every 4 hours • Neurovascular checks every 4 hours • Oxygen if needed • IV fluids stopped when drinking enough fluids	• Stop continuous monitoring when patient stable and on oral pain medication • Keep IV in place • Remove painbuster (after 54hrs from time of unclamped) • Shower (in sitting) • Patient to be walking with gait aid to bathroom and around	• Continue oral analgesia • Vital signs every 4 hours • Neurovascular checks every 4 hours • Debulk dressing if required– leave post op site insitu • Remove IV • X-ray • Sit out of bed 3x/day

Enhanced Periacetabular Osteotomy Pathway JKWC

	• Sitting up in bed (helps to reduce dizziness when mobilising D1)	• Check haemoglobin • Removal of urinary catheter at 24 hrs or in the evening once PCA is removed (~2000-2200h)	ward with family/nurses (as per documented Physio mobility recommendations) • Sitting in chair 3x/day	
	Day of Surgery	**Day 1 Post Surgery**	**Day 2 Post Surgery**	**Day 3 Post Surgery**
Activity, Physiotherapy		• Physiotherapy input x 2 weekday AM and PM or x1 weekend • Physio goals – ○ Sit on edge of bed ○ Stand with frame (ensure coordination with pain service review) ○ Step transfer to chair with frame ○ Sit in a chair x2 ○ ?walk short distance with frame	• Physiotherapy input x 1 or 2 if weekday • Physio goals ○ Progress to crutches ○ Walk x2 (out of the room or > distance) ○ Sitting in chair ○ Review exercise program • Patient to be walking to bathroom and around ward with crutches and supervision/assistance, physio to document mobility recommendations	• Physiotherapy review in AM for stair clearance, prescribe bike pedals, organise crutches, ensure independent with exercise program and give advice for home • Goals for discharge from Physio ○ Transfer with min assist for operated leg or supervision/Independent (education provided to progress to independent) ○ Ambulate supervision or independent moderate distance with crutches

Enhanced Periacetabular Osteotomy Pathway JKWC

		○ Commence exercise program as per handout		○ Ambulate up/down stairs with assist x 1 or supervision if needed for home/school ○ Sitting out of bed
	Day of Surgery	**Day 1 Post Surgery**	**Day 2 Post Surgery**	**Day 3 Post Surgery**
Occupational Therapy		• Initial assessment day one, as prioritisation allows, or if external equipment hire is indicated • Goal: ○ Independent feeding, drinking and grooming in bed or chair		○ Once new baseline of mobility & transfers determined by physio, complete functional assessment to determine level of assistance required with occupational performance and equipment prescription) **Goals for discharge from Occupational Therapy** ○ Independent/supervised/Ax1 toileting +/- equipment ○ Independent/supervised/Ax1 with showering +/- equipment ○ Independent/supervision/Ax1 dressing UL and LL ○ Independent/supervision/Ax1 for car transfers ○ Appropriate home set up/discharge equipment organised ○ Appropriate education completed/provided re: returning to occupations, returning to school

Enhanced Periacetabular Osteotomy Pathway JKWC

	Day of Surgery	Day 1 Post Surgery	Day 2 Post Surgery	Day 3 Post Surgery
Discharge Planning	• Educate the patient and family on daily goal sheets and place these laminated copies up in their room	• Start discharge education • Assess transportation needs • Assess home care needs	• Ensure patient/family ready for discharge home the next day • Ensure patient/family aware of ward discharge time • Ensure transport organised if needed	• Discharge medication ○ Targin BD ○ Paracetamol PO 6/24 today then decrease to TDS on discharge ○ Ibuprofen PO TDS (5 days postop) If needed: ○ Oxycodone PO 4/24 PRN ○ Tramadol PO 6-8/24 PRN • Give discharge information on bowel and pain management • Advice re: dressing • Advice re: orthopaedic review date • Ensure the Orthopaedic Doctor has written the medication discharge script • Handover DC plan and scripts to Pharmacy • Ensure script given to family for home pain-relieving or analgesic medication • Discharge home