

Hip Arthroscopy

Icd-10:

M25.851- Billable code for Femoroacetabular Impingement (FAI) right hip

M25.852- Billable code for Femoroacetabular Impingement (FAI) left hip

S73.191- Right Hip Labral Tear

S73.192- Left Hip Labral Tear

29914- Femoroplasty

29915- Acetabuloplasty

29916- Labral Repair

29862- Labral Debridement

Timing:

Schedule 90 minutes

Surgical Reps:

Smith and Nephew Kyle (903-780-4200)

Position:

Supine, Smith and Nephew hip distraction table. X ray required (C-Arm)

Physical Therapy:

Generally, not started until week 3. If labral repair NWB x 6 weeks. Generally, avoid hyperflexion past 90 degrees if superior labral repair to avoid pressure on repair site.

2 Week Post Op:

Check incision. Med RF if needed.

Follow Up Apt:

At 2 weeks, 6 weeks post op, around 4 months for expected final release.

Total Hip Arthroplasty:

led-IO:

M16.11 Right Hip Osteoarthritis

M16.12 Left Hip Osteoarthritis

T84.090- Mechanical Failure of Right IHA leading to Revision Sx

T84.091- Mechanical Failure of Left THA leading to Revision Sx

T84.51X- Infection of Right THA leading to Revision Sx

T84.52X- Infection of Left THA leading to Revision Sx

27130

Timing:

Schedule 60 minutes

Surgical Reps:

Biomet Zimmer (Rhett & Rachel) Same as TKA without Ortho Align.

Position:

Without Panniculus = X ray required (C-Arm). Supine (For Anterior Approach. Patients gluteal cleft@ break of bed. Patient operative side@ edge of bed, ipsilateral arm across chest between two foam pads & circumferentially tapped around bed. Arm board positioned on contralateral lower bed parallel to patient. U-drape operative leg.)

With Panniculus (Ask Burney)= Lateral (For all other approaches. Peg Board, 3 long pegs, 1 short peg<- SI joint. Axillary roll, pillows between patients arms, Pad/blanket under non operative leg to protect common fibular nerve, U-drape operative leg).

Physical Therapy:

WBAT immediately unless complications, advise on precautions based on approach, twice a week for 6 weeks typical.

2 Week Post Op:

Remove Suture tags, Med RF if needed, Verify Physical Therapy attendance. If home health ideally transfers to outpatient unless PA/MD say otherwise. Expect to die dressings and TED compression hose. Check Approach and provide appropriate hip precautions.

Special Considerations:

If young female or young male that is very active and requires increased ROM ask Dr. Burney if he wants a Dual Mobility System. Advantages- increased ROM.

Disadvantages- higher risk of iliopsoas tendonitis. Abx prior to dental procedures for 2 years from surgery. Augmentin 875mg BID day before, day of and day after procedure. #6 pills. If PCN allergy Clindamycin 300mg BID x day before, day of and day after procedure. #6 pills. Dentists will typically provide Amoxicillin 2000mg loading dose 1 hour before procedure.

Follow Up Apt:

@ 2 weeks, 8 weeks, 6 months, 1 year, every 2-3 years as needed

Abductor Repair

Icd-10:

S76.211- Billable code for Right Abductor Tear

S76.212- Billable code for Left Abductor Tear

27299- Billable code for Abductor Repair

Timing:

60 minutes

Surgical Reps:

Smith and Nephew Kyle (903-780-4200), Arthrex if Metal Anchors required Ryan (563-340-9304). Metal anchors required for older osteoporotic patients.

Position:

Lateral with Bean Bag, U-drape placed as low as possible to allow exposure of gluteus.

Physical Therapy:

NWB x6 weeks. Avoid resisted/active abduction x 6 weeks. Passive rom only in PT.

2 Week Post Op:

Check lateral hip incision. Remove suture tags, pain med refill.

Follow Up Apt:

@ 2 weeks, 6 weeks post op and 4 months post op