# **Combined Hip Preservation Surgery**

## Hip Arthroscopy and Osteotomy Pre-operative instructions

#### **Surgery Scheduling:**

- You will be contacted by our team's clinical liaisons to schedule your surgery date
- Our surgeons' schedules book up rapidly and we typically book out 2-3 months
- If you do not hear from our schedulers within 2 weeks, please contact our team

#### **Surgery Location**

All surgeries are performed at SkyRidge Medical Center

#### **SkyRidge Medical Center**

(Spine and Total joint Center) 10101 Ridgegate Pkwy Lone Tree, CO 80124

#### **Surgery Health Clearance**

- We require all patients to be medically cleared for surgery within 30 days of their scheduled procedure
- Please contact pre-admission testing to schedule this appointment: 720-225-6188
- If you do not live in the Denver-metro area, you will need clearance by your primary care physician. Have all clearance information faxed to our team

#### **Surgery preparation**

- Your surgery is an inpatient procedure and you will stay in the hospital for at least one night following surgery
- What to bring to surgery: Insurance card, Photo ID, a list of your regular medications and doses, comfortable clothing (such as sweatpants), crutches, hip brace, and an extra bag to be used after surgery for equipment and postoperative information
- Discontinue NSAIDs, vitamins, minerals and supplements one week prior to surgery
- Cancel any dental appointments 6 weeks prior to AND post surgery
- Discontinue oral contraceptive/birth control pills (OCP) 4 weeks prior to surgery as
  this will increase your risk of blood clots. If you have an implantable form of\_birth
  control (IUD or Nexplanon) you do not need to have this removed. You may resume
  OCP 2 weeks after your surgery.
- Discontinue semaglutide or tirzepatide (Ozempic/Mounjaro/Wegovy) one week prior to surgery.
- If you are diabetic and take metformin, consult with your PCP/endocrinologist about when to discontinue and resume this medication
- Notify the surgical team if you have a bleeding or clotting disorder, or if you have previously been diagnosed with a blood clot. If you have a hematologist that monitors these disorders, notify them of your upcoming surgery

# **Hip Arthroscopy and Osteotomy**

### Post-operative instructions

#### **Wound Care**

- You may shower 48 hours after surgery, leave waterproof dressing in place
- After 1 week, you may remove the waterproof surgical bandage. Keep steris in place
- Cover incision sites with waterproof bandage prior to getting into the shower.
- Should the incisions accidentally get wet, pat them dry with a clean towel. DO NOT SCRUB.
- It is normal to see a lot of blood-tinged soaked fluid on the bandages. This may appear to be a pinkish-yellow fluid and is normal.
- DO NOT APPLY LOTIONS OR OINTMENTS TO THE INCISION SITES
- Your stitches are absorbable and do not need to be removed.
- DO NOT soak in any pool/bath water until 4 weeks after surgery.
- Do not allow pets to sit in your lap or sleep in your bed for 4 weeks post surgery

#### **Pain Pump**

- In the front of the thigh, you will have a catheter that is attached to a pain pump
- This pump delivers non-narcotic medication automatically to the surgical site
- After 7 days you can remove the catheter along with your dressings
- The pump is NOT disposable and must be returned
- Instructions for removal of catheter and returning the pump can be found at the end of the packet
- For any questions: call the 24/7 Nursing support hotline 1-800-444-2728

#### **Weight Bearing**

- You will be PWB (partial weight bearing) flat foot (20 pounds) for 6 weeks.
- You will use crutches or a walker throughout this time period while walking.
- Please walk with your foot flat and mimic normal gait. Please see our video tutorial on the Panorama website for guidance on what this will look and feel like.
- New x-rays will be taken at the 6 week post-op. The doctors will determine to progress to you to full weightbearing status at this appointment

#### **Hip Brace**

- You will be contacted 1-2 weeks prior to your surgery to schedule a hip brace fitting at one of our clinic locations.
- The hip brace is worn only while ambulating, on the outside of your clothing, for 6 weeks after surgery (same duration as crutches)
- You do NOT need to wear the brace when: sleeping, icing, showering, going to the bathroom, laying on your stomach, using the CPM machine, using the upright bike
- The purpose of the brace is to prevent hyperflexion and abduction

#### **Continuous Passive Motion (CPM) Machine**

- Prior to your surgery, The CPM company will reach out to you to deliver the CPM machine. Most likely 1 week to a couple days before your surgery!
- They will deliver the machine to your house (or location of choice), adjust the machine to you, and instruct you how to use it.
- Start on the day/evening of surgery if you have time and feel up to it. However, it is also acceptable to start using the CPM machine the first day after surgery.
- Use this for a total of 4-6 hours/day for a total of 6 weeks.
- Begin at a rate of 1 cycle/minute, ranging from 20° of extension and 55° of flexion.
   Increase by 7-8° daily as tolerated. DO NOT GO PAST 0-90°

#### **Physical Therapy**

- Start physical therapy 1 week after surgery
- YOU are responsible for setting up your appointments. Call your PT office of choice and be sure to schedule your appointments prior to surgery
- You will get a PT referral at the time of your surgery conference.
- Our post-op PT protocols are on our website: <u>www.panoramaortho.com-</u>> Hip Preservation-> Therapy and Rehab Protocols

#### Ice Therapy

- For the first 72 hours, ice as much as you can Ideally ice 20 minutes on, 20 minutes off.
- After 72 hours ice 4-5 times per day, then as needed after 2 weeks
- Place the ice onto the hip over a thin layer of clothing or material, but never directly onto the skin.

#### **Prescription Medications**

- Blood Clot prevention
  - You will be prescribed a blood thinner to minimize the risk of DVT/PE

#### Pain Medication

- You will be prescribed an opioid medication to minimize your pain.
- o These will be prescribed and refilled on an as needed basis.
- Do not drink alcohol, drive, or operate heavy machinery while taking pain medications.
- These medications cause constipation; therefore you should take a stool softener of your choice (over the counter) while on the pain medication.
- Please call our office Monday-Friday 8am-3pm for any refills. Please allow 24 hours for refills. We will not refill pain medications after 5pm on Friday or on weekends. We only provide short term (2 months) postoperative pain management.

#### **General Activity**

- It is beneficial to change positions often after hip surgery. Alternate sitting, reclining, and laying down about every 30-60 minutes. Feel free to move around at home as much as you can tolerate. We do not want the hip to get stiff.
- You will be supplied with a pair of TED Hose (compression socks) on the day of surgery. You will need to wear these at all times for the first 2 weeks after surgery.
- Spend 1-2 hours/day on your stomach without the brace on.
- You will be permitted to drive once you are no longer taking narcotics and off of crutches/walker.

#### Follow Up

- Your initial post-op appointments will be scheduled with two of our PAs, 10-14 days following your surgery. You should expect to have a 6-week and 3-month follow-up as well with Dr. Ellman and either Dr. Hugate or Dr. Patel
- Please call our team at (720)497-6605 if these have not been made.

#### Possible Postoperative Complications and Risks

- Infection: The risk of infection is decreased with a sterile operating environment and antibiotics. Starting three days before your surgery, be sure to keep the skin of your hip as clean as possible using soap and water. Following surgery, careful handling of the incision sites reduces the risk of infection.
- **DVT:** Developing a DVT (deep vein thrombosis, aka blood clot) is decreased through instituting early motion (CPM), mechanical means (TED hose) and medications (Aspirin). Following the pre-operative and post-operative instructions will reduce the risk of blood clot formation.
- Pain: With any surgical procedure, there is a potential complication of pain.
   Medication, ice, rest, compression, elevation and therapy reduce post-operative pain.
- **Numbness**: There is chance of numbness of the upper outer portion of the thigh on the operative leg after surgery. This is due to stretching of the lateral femoral cutaneous nerve, a sensory nerve that is close to the surgical area. This nerve may be stretched or bruised during the procedure. This is typical and the numbness should resolve over time.
- **Heterotopic Ossification**: Operating around the hip joint has the risk of developing heterotopic ossification, which is abnormal bone growth in the surrounding muscles

\*\*Dr. Ellman was one of the first surgeons in the United States to begin utilizing postfree distraction during hip arthroscopy. The advantages of this technique eliminate any nerve injury to the groin, including the pudendal nerve and surrounding soft tissues.\*\*

#### When You Should Contact the Office

- If you have a fever >100.4 degrees F.
  - A low grade temperature (even up to 100 degrees) is expected after surgery, but let us know if it gets this high!
- If you develop chills or sweats.
- If you have pus, significant pain, or redness surrounding the incision sites.
- If you are unable to urinate >1-2 days after surgery

## **Contact Information**

 Dr. Ellman
 Dr. Hugate
 Dr. Patel

 Phone: (720) 497 – 6605
 Phone: (720) 497- 6635
 Phone: (720) 497- 6698

 Fax: (720) 497 – 6730
 Fax: (720) 497-6711
 Fax: (720) 497-6772

drellmanpc@panoramaortho.com drhugatepc@panoramaortho.com drpatelpc@panoramaortho.com

| Department   | Reasons to call   | Contact Information  |
|--|---|--|
| Care Navigation (Triage<br>Dept)<br>(7am-5pm M-F)<br>*Excluding Holidays | Medical questions or concerns that require immediate attention                              | Call: 303-233-1223<br>Extension 1100   |
| Prescription Refills<br>(8am-3pm M-F)<br>*Excluding Holidays             | Refills for prescriptions<br>Change in prescriptions  | Call: 720-497-6635 (Dr. Hugate) or 720-497-6698 (Dr. Patel) (Requests after 3pm are handled the next business day)   |
| Appointment Scheduling (7am-5pm M-F) *Excluding Holidays                 | Schedule follow up appointments and office visits Answers questions regarding patient appts | Call: 303-233-1223<br>Option 2, then option 1  |
| Disability/FMLA<br>Paperwork   | Questions and concerns regarding disability, FMLA, return to work paperwork                 | Fax forms to the corresponding doctor's fax number (see above) Email or drop off paperwork in person at any office **Please allow 5-7 business days for completion** |
| Pre-Authorizations<br>(9am-4:30pm M-F)<br>*Excluding Holidays            | Insurance authorization questions and concerns regarding surgery, injections, and imaging   | Call: 303-233-1223<br>Extension 1011   |

| Panorama<br>Physical Therapy           | Schedule physical therapy appointments  Questions or concerns for your Therapist | Centralized Scheduling Office<br>303-274-7330 |
|--|--|---|
| Billing and Customer<br>Service Office | Questions on Insurance or<br>Billing   | 720-497-6637                                  |
| SkyRidge Medical<br>Center             | General Questions<br>Check-in and Surgery<br>Times                               | 720-225-6902                                  |
| SkyRidge Pre-<br>Admission Testing     | Schedule health clearance appointment  | 720-225-6188                                  |
| CPM Questions                          | Questions about CPM, problems with CPM   | 1-800-845-6364                                |
| Hip Brace Questions                    | Questions about use of hip brace / settings                                      | DME staff<br>P: 303-233-1223 x1600            |
| Ambit Pain pump<br>nursing hotline     | 24/7 nursing support<br>hotline for the pain pump                                | 1-800-444-2728                                |
| Ambit pain pump return questions       | Questions about how to return pain pump  | 832-791-6048                                  |

# **Ambit Pain Control Pump Instructions**

#### How does it work?

• The pump is set to deliver non-narcotic medication automatically at a set rate or interval via a small catheter (tube) at the surgical site. You will hear a grinding noise when the pump delivers medications.

#### What is the round bolus button?

• On top of the continuous medication, you may give yourself an extra dose of medication. Push the round button to operate and administer the bolus

#### How do I know when the therapy is complete?

• Upon completion of the infusion the pump will have one long tone followed by 3 short beeps, repeating every 4 minutes. Remove the 2 AA batteries by twisting the bottom cap in the pump. Discard the top portion of the pump that is connected to the IV bag by depressing the 2 tabs

#### **Return instructions**

• The pump is NOT disposable. Please return the pump in the prepaid USPS envelope that was provided. Do not send any medication or dressing with the pump. Return questions call 832-791-6048

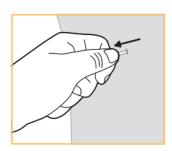
#### **Troubleshooting and additional information**

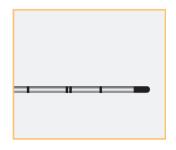
- If you have any questions, call the 24/7 nursing support hotline: 1-800-444-2728
- If the pump alarms MA or CASS, remove the clear lock guard and press RUN/PAUSE
- Protect the pump and catheter site from water
- Patient manuals can be found on <a href="https://www.ambitpump.com">www.ambitpump.com</a>

## **Catheter Removal**

- 1. Wash your hands thoroughly with soap and warm water. Dry hands thoroughly
- 2. Remove the dressing covering the catheter site
- 3. Remove any skin adhesive strips around the area or connected to the catheter
- 4. Grasp the catheter close the skin and gently pull on the catheter. It should be easy to remove and not painful.
- 5. Do not tug, cut, or pull hard to remove the catheter. If it becomes hard to remove, painful, or it stretches, then STOP. Call your doctor. Continuing pulling may break the catheter.
- 6. Place a dressing over the catheter site once removed
  - \*\*\*Once removed, check catheter tip for the black marking to ensure the entire catheter was removed\*\*\*





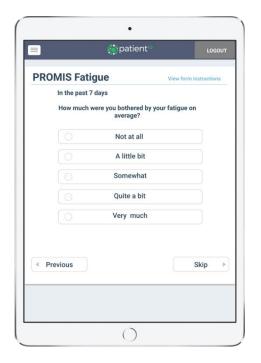


# **Surgery Checklist**

Please find below a checklist for you to fill out and keep your surgical information organized!

|              | Surgery Location:   |
|--------------|---|
|              | SkyRidge Medical Center   |
|              | (Spine and Total Joint Center)  |
|              | 10101 Ridgegate Pkwy  |
|              | Lone Tree, CO 80124   |
|              | Surgery Date:   |
|              | Surgery Time (you will be notified the business day prior to surgery):  |
|              | Time to stop eating food and drink prior to surgery:  |
|              | <b>Pre-admission testing appointment</b> (must be within 30 days of surgery):   |
|              | Hip Brace Fitting (date, time, location):   |
|              | CPM Machine Delivery (date and time):   |
| Chec         | k once you have completed:  |
|              | Schodula physical therapy appaintments (Stort 1 wook after aurgary)   |
|              | Schedule physical therapy appointments (Start 1 week after surgery)  Crutches/walker  |
|              |   |
|              | Complete PatientIQ forms (see next page)  |
| <u>Prior</u> | to surgery discontinue (or notify our team if questions):   |
|              | One week prior to surgery discontinue the following medications: NSAIDs, vitamins, minerals and supplements, semaglutide or tirzepatide (Ozempic/Mounjaro/Wegovy) |
|              | Cancel any dental appointments 6 weeks prior to AND post surgery  |
|              | Discontinue oral contraceptive/birth control pills (OCP) 4 weeks prior to surgery   |
|              | as this will increase your risk of blood clots. If you have an implantable form of  |
|              | birth control (IUD or Nexplanon) you do not need to have this removed. You may  |
|              | resume OCP 2 weeks after your surgery.  |
|              | If you are diabetic and take metformin, consult with your PCP/endocrinologist   |
|              | about when to discontinue and resume this medication  |
|              | Notify the surgical team if you have a bleeding or clotting disorder, or if you have  |
|              | previously been diagnosed with a blood clot. If you have a hematologist that  |
|              | monitors these disorders, notify them of your upcoming surgery  |

## AN IMPORTANT MESSAGE FROM DR. ELLMAN







#### Your Participation Makes a HUGE Difference!

#### Please Sign Up and Respond to Patient IQ. Why???

#### 1. Optimization of My Clinical Outcomes

I take great pride in tracking and studying my patient outcomes. My goal is to provide you with the best experience possible throughout your journey, but I need YOUR help! By filling out PatientIQ surveys before and after your hip surgery, YOU will help me to become a better surgeon.

2. Research to Improve the Future of Hip Arthroscopy and Sports Medicine With your help of providing data following my surgeries, I will publish literature that will help define the best, most up-to-date practices in the world of hip preservation.

PatientIQ is a free service that is offered to every surgical patient in Dr. Ellman's busy hip preservation practice. After signing up for surgery, you will receive an email to sign up for PatientIQ. Please create a username and password to activate your account. PatientIQ helps Dr. Ellman collect patient outcomes before and after each procedure, so please take the time to fill these out, even if it's 1-2 years after your surgery!

# **Billing Information**

Thank you for choosing Panorama Orthopedics and Spine Center! We are here to help you navigate through the surgery process and ensure you are prepared from a clinical and financial standpoint.

#### What you can expect:

- 1. Please note that there will be several entities billing separately for your surgery:
  - Surgeon
  - Assistant surgeon
  - Anesthesiologist
  - Facility
- 2. We will work with you to help you understand your benefits as you may have a deductible or co-insurance to meet before your insurance pays anything. It is always best for you to contact your insurance and check your in-patient and out-patient surgical benefits prior to your surgery.
- 3. You may require durable medical equipment (DME) and/or physical therapy for your recovery, which will also result in separate charges.
- 4. Most procedures allow 90 days of visits included in your post-operative care during follow-up from surgery. However, x-rays and cast changes are billable within those 90 days.
- 5. For some procedures with newer techniques, the insurance may consider the procedure to be "investigational or experimental" and may not want to cover all or part of your procedure. If that is the case, you will be notified prior to the surgery and a deposit and waiver may be necessary to proceed.
- 6. Prior to your surgery, our authorization team will contact your insurance company and get the procedure pre-approved. Some procedures do not require pre-authorization; however, we will always confirm. When we do obtain an authorization, your insurance company will inform us that **authorization is not a guarantee of payment**. That means that the insurance company can still deny procedures after they are performed, however our team will exhaust all efforts of appeal on your behalf.
- 7. If you have a deductible to meet with your insurance policy, our pre-surgical collections team will contact you to pre-collect towards your out-of-pocket requirement. The facility may also want to pre-collect as well, so we will coordinate so that we are not over-collecting. If no prepayment is required, our team will not reach out to collect.
- 8. If you have no insurance, we will pre-collect towards any elective procedure and we will help provide contact information so that you may obtain quotes from all parties involved in your surgery.

- 9. Our pre-surgical collections team can be reached at (720)497-6104 or by email at PreProcedureCollections@panoramaortho.com
- 10. If you are under workers' compensation, our team can be reached at (720)497-6131 or WorkComp@panoramaortho.com
- 11. Our billing team can be reached at (720)497-6637 or CustomerServiceTeam@panoramaortho.com

#### PLEASE NOTE:

There are several unlisted hip procedures (CPT codes 29999 and 27299) that are deemed medically necessary per Dr. Ellman's expertise to achieve optimal outcomes following surgery. Unfortunately, these services are still considered "investigational or unproven" by insurance companies and are not reimbursed. Please read Dr. Ellman's non-covered service waiver form on the next page for further details. You may contact our billing department for any questions regarding this fee.

## Hip Arthroscopy Non-Covered Service Waiver

| Patient Name  | DOB:   |   |
|---|--|---|
|   |  |   |
| that are deemed medically ned   |  | es  |
| services are still considered "inv<br>not reimbursed. Therefore, Pa   | s is performed in every case by Dr. Ellman. Unfortunately, the estigational or unproven" by insurance companies and are typical norama will collect a prepayment fee of \$2000 before your list is required to continue the surgical process with Dr. Ellman.  | lly   |
| payment. If these codes are au refunded the \$2000 waiver fee. I by insurance, or authorized but  | nit these codes to your insurance company for authorization and thorized and reimbursed by your insurance company, you will a some cases, however, these procedures are either not authorized to reimbursed as they are deemed an "uncovered service." In the imbursed by your insurance company, no refund will be given. | be<br>ed  |
| -   | e for the standard prepayment of \$2000 prior to my hip arthrosco<br>ional capsular plication/imbrication.   | ру  |
| Signature of Responsible Party  | Date   |   |
| reconstruction/augmentation reconstruction has failed, or in inadequate to repair. During t (reconstruction) or build a thick reconstruction/augmentation p companies, despite studies den reconstruction/augmentation in cover costs associated with the company for this procedure firs following surgery. This proced authorization is not a guarantee |  | or<br>or<br>um<br>ral<br>ral<br>ral<br>ral<br>ral<br>ice<br>ent |
|   | a labral reconstruction procedure, I may be charged an addition costs associated with the procedure.   | ıal   |
| Signature of Responsible Party  | <br>Date   |   |