Rady Children's Hospital San Diego | Southern Family Center for Cerebral Palsy

Boney Hip Reconstruction with Varus Derotational Osteotomies (VDRO)

The Procedure

Your child has been scheduled to undergo boney hip reconstruction. This surgery included adductor lengthening, proximal femur varus derotational osteotomies (and in some cases Dega pelvic osteotomy(ies)) to improve hip coverage and prevent further painful and debilitating hip dislocation(s). Hips that are well into their sockets (reduced) allow for increased hip range of motion, improved sitting balance, and decreased future hip pain and scoliosis risk.

During the surgery, the adductor tendons will be visualized and lengthened to all for increased hip range of motion. A cut in the top of the thigh bone (femur) will be made and a wedge of bone will be removed to allow the head of the thigh bone (femoral head) to move deeper into the hip socket. The bone will be held to get in this new position with a plate with screw. If needed, a cut will be made into the pelvis and the wedge of bone from the thigh bone will be placed into the cut. Occasionally, donated bone will be added to support the cut. This step will deepen the actual socket of the hip joint.

The surgery should take about **6 hours** while your child is completely asleep under general anesthesia with/without an epidural and/or a local injection of numbing medication (block) – these options will be discussed with your anesthesiologist on the day of surgery. An epidural or local block is recommended to help with pain control for the first 1.5 days. All of these interventions would occur while your child is totally asleep. Your child will spend at least **3-5 nights in the hospital** for pain control and physical therapy.

Your child will wake up with an abductor **wedge foam pillow and knee immobilizers** on both legs. Your child will wear all of these devices full time at night and 2 hours on/2 hours off during the day. These devices will remain in place for 6 weeks. Your child will **be non-weight-bearing** for the first 6 weeks except during transfers. While in the hospital, a therapist will show you how to take off and put on these devices and how to perform "tummy-time" - while needs to be done for two hours per day (this can be divided into 15–20-minute intervals throughout the day). While the braces and pillow are off, it is beneficial to gently "bicycle" your child's legs as tolerated.

What to Expect for Recovery

- **Two weeks after surgery:** This visit will assess your child's progress and check x-rays.

- **6 Weeks after Surgery:** Physical therapy may restart at this time and your child can use a stander or walker at this time – weight-bearing as tolerated.
- **Physical Therapy:** Starting 6 **weeks** after surgery; focusing **2 times per week** on standing, strengthening gluts & quads, and gait training. Work on increasing weight-bearing and range of motion as tolerated. Therapists can use gait trainers, lite gait, and/or functional electronic stimulation. Physical therapy is an essential component of a successful surgery – please help your child complete their recommended exercises at home as directed by physical therapists.