

Mark Ayzenberg, MD - Hip Surgery Checklist

Patient Name: _____ Date: _____

Procedure: ☐ R ☐ L ☐ Bilateral Time: _____ Sx Date: _____

ARTHROSCOPY

- | | |
|---|---|
| ☐ 29914 Arthroscopic femoral neck resection | ☐ 29999 Arthroscopic greater trochanter bursectomy |
| ☐ 29915 Arthroscopic acetabuloplasty or AIIS resection | ☐ 29999 Arthroscopic abductor tear repair |
| ☐ 29916 Arthroscopic labral repair | ☐ 29999 Arthroscopic ITB resection |
| ☐ 29862 Arthroscopic labral debridement | ☐ 29999 Arthroscopic hamstring repair |
| ☐ 29863 Arthroscopic Synovectomy | ☐ 29869 Diagnostic Hip Arthroscopy |
| ☐ 29861 Arthroscopic loose body removal | ☐ Other: _____ |

OPEN

- | | |
|--|--|
| ☐ 27130 Total Hip Replacement | ☐ 27025 IT band release at GT (or fasciotomy) |
| ☐ 27125 Hip Hemiarthroplasty | ☐ 27299 Open unlisted (eg. abductor repair) |
| ☐ 27248 ORIF Greater Troch Fx | ☐ 27060 Open Ischial Bursectomy |
| ☐ 27187 Prophylactic Fem Neck Fixation | ☐ 27062 Greater Trochanteric Bursa Excision |
| ☐ 27235 Percutaneous Pins Femoral Neck | ☐ 27385 Open hamstring repair |
| ☐ 27236 ORIF Proximal Femur/neck Fx | ☐ 27301 I&D Thigh/knee Deep |
| ☐ 27245 Inter/peri/subtroch fx Nail or ORIF | ☐ 27303 I&D Femur/knee to bone |
| ☐ 27170 Bone graft to femoral head/neck/troch | ☐ Other: _____ |

OTHER

- ☐ 27093 Hip Injection with fluoroscopy
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PRE-OP PREP (Please have meds given and DME fitted in advance of surgery)

Preop Meds: ☐ Chlorhexidine wash x 3 days preop and morning of surgery ☐ Other: _____

DME: ☐ Post-op hip brace ☐ Ice Machine/Cryocuff ☐ Other: _____

Imaging: ☐ MAKO Protocol Hip CT ☐ Hip MRI ☐ Hip MRA ☐ Standard Hip CT ☐ Hip X-rays: _____

PT: ☐ Crutch training

SURGERY

Facility: ☐ Inspira MH ☐ Surgical Studios ☐ Vineland ASC ☐ Inspira Vineland ☐ Inspira Elmer

Anesthesia Block: ☐ No ☐ Yes

Intra-op Meds: ☐ Ancef 2gm (3gm for >120kg) (Vanco if allergic to Ancef) ☐ Exparel ☐ TXA ☐ Vanco Powder 1gm

Equipment: ☐ Stryker Hip Arthroscopy Loaner Trays ☐ THA trays ☐ Ortho major tray ☐ Bone clamp set
☐ Shukla screw removal ☐ Stryker RIA

Implants: ☐ Stryker ☐ Arthrex ☐ Smith and Nephew ☐ Mitek ☐ Trauma Rep: _____ Other: _____

Allografts: _____

Position: ☐ Supine ☐ Lateral ☐ Prone

Positioning Equipment: ☐ Stryker Guardian Traction Table Extension ☐ Stulberg Hip Positioner ☐ Bean Bag
☐ Fracture table w/ ☐ traction ☐ radiolucent flat board ☐ Flat Jackson table ☐ Other: _____

Fluoro: ☐ N ☐ Y: Large C-arm

POST-OP CARE (Please ensure patient has scripts for these before surgery)

Post-op Meds: ☐ Aspirin 325mg daily x 30 days ☐ Pain Medicine: _____ ☐ Other: _____

Post-op X-ray Orders: ☐ Supine AP Pelvis + Cross Table Lateral Hip ☐ Other: _____

Post-op Follow-up Appt: ☐ 1 week ☐ 2 weeks ☐ Other: _____

Post-op PT Protocol: _____