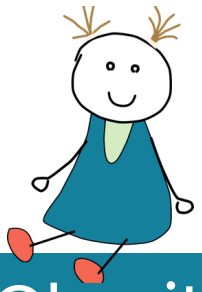
steps

We don't take walking for granted

Hip Surgery and Spica Cast Care, a Parent's Guide



Helpful Information from Steps Charity

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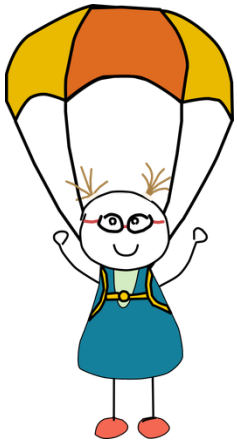
How This Booklet Might Help

At Steps, we understand how a lower limb condition can affect individuals, families, and communities. We are committed to helping people understand these conditions, offering reassurance, and working towards a better future through our partnerships with national health services and research projects.

This booklet is for parents with a child who is having hip surgery. There are several conditions which may lead your clinician to recommend hip surgery for your child. The specific type of surgery recommended may depend on the type of condition your child has. The first section of this booklet "About Hip Surgery" looks at some of the most common types of hip surgery in children in the UK.

After hip surgery, your child may have their hips cast in a large, trouser-shaped plaster cast called a hip spica cast. The second section of this booklet "About The Hip Spica Cast" explains more about the casting process and how to care for the cast and your child while they use it.



Having this information may help you feel more prepared for the road ahead and better able to ask informed questions about your child's care, treatment, and prognosis.

Help When You Need It

Sometimes being able to contact someone who knows what you are going through can provide much needed encouragement.

Our Family Contact Service can put you in touch with others who have shared a similar experience and can offer advice, support, and practical tips. You can also share your problems and solutions to everyday challenges on our closed Facebook Group for parents. The group is a friendly and safe way of discussing your worries online with other parents, sharing tips, and finding emotional support.

Remember, the Steps team are here to offer information and support in total confidence, and to answer any questions or concerns you may have. This will help you to ask informed questions at hospital appointments or may help to reassure you along the way.

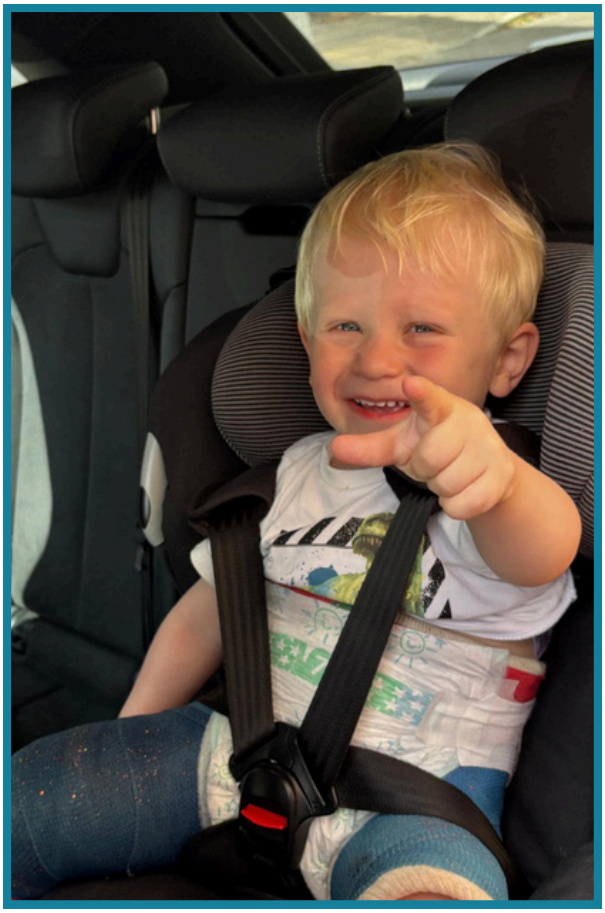
No matter how big or small your concern, please telephone Steps on +44 (0) 1925 750271 or email info@steps-charity.org.uk for support and advice in total confidence.

Social media details and information about how to get in touch with the Steps Family Contact Service can be found on page 21 at the back of this booklet.

About Hip Surgery

What conditions require hip surgery?

One of the most common conditions which may require surgery and a hip spica cast is Developmental Dysplasia of the Hip (DDH). DDH encompasses a range of hip joint abnormalities, from mild instability to complete hip dislocations at birth. Steps have created a resource called “Baby Hip Health and DDH, a Parent’s Guide” which explores this condition in detail.



There are several other conditions which may require hip surgery and sometimes bracing in a hip spica cast. You can find additional resources on the Steps website which can help you to understand your child’s diagnosis.

What types of surgical hip procedures are there?

Initial surgeries may include reduction surgery. If additional surgery is required to improve how the hip and thigh bone interact with one another, this will often be done through an osteotomy (surgery involving the bone).

Closed reduction

During a closed reduction, the surgeon gently manipulates the thigh bone (femur) so that the femoral head (the ball) is placed in the socket without making a cut (incision). In order to achieve a stable and tension free reduction, it is often necessary to release the tight tendon in the groin called the adductor tendon. This is achieved by performing a tiny incision in the groin. This procedure is called an adductor tenotomy. Once the femoral head is in place, a hip spica is applied. We describe the hip spica and what it entails later in this booklet. The time in cast can vary, depending on the severity of the hip dysplasia.

Open reduction

In an open reduction procedure, surgery is undertaken to bring the head of the femur into the hip socket. Surgery is performed through an incision in the groin. Careful release of tight tendons and ligaments is performed to ensure the socket is clear and a tension free reduction of the ball into the socket is easily achievable. The joint capsule is then repaired to aid the maintenance of the reduction. To complete the open reduction, the surgeon may also need to correct deformities of the bone and restore normal anatomy by performing a carefully controlled division of a bone (osteotomy). After surgery is completed, the leg is placed in a position where the hip joint is most stable. This means that the leg may be set at an odd angle in the hip spica cast.

There are different types of osteotomy surgery which may be recommended for your child. Steps has produced a leaflet called 'Common Types of Hip Osteotomy Surgery in Children' which provides a brief overview of some of the most commonly performed procedures.

The Surgery Process

Preparing for hospital

Knowing your child has to go into the hospital can be daunting, Steps have created a guide called 'Preparing For Your Child's Surgery', with checklists and information on how to talk to your child about their surgery and hospital visit.

Wound care

If your child has had an open reduction or osteotomy, when they return from theatre you may be able to see that there is a small dressing in place over the wound in their groin area. This needs to stay in place for five to seven days at least, but should it fall off before this time, let one of the nursing staff know and it will be replaced.

Once your child is discharged from hospital, your clinicians should give you advice on how to care for the wound, and anything to look out for. They should let you know how to contact them if you have any concerns.

Symptoms after surgery

While most children respond very positively to surgery, they will need to be monitored by the hospital staff for any signs or symptoms that require a different treatment approach. As you will be with your child throughout their recovery, you are well placed to notice any symptoms and highlight them to the medical team.

What to look out for

For wounds:

Where your child has a wound site, you should look out for:

- Oozing fluids from the wound such as blood, clear fluid or pus. Pus is only present if the wound is infected
- Redness to the wound area
- Your child having a temperature or being 'unwell'
- An odour, omitting from the wound
- The wound feeling 'hot' to touch

For hip spica:

If your child is wearing a hip spica cast, you should look out for:

- Severe pain or swelling that is not relieved by medication or elevating the leg
- Abdominal pain
- Vomiting
- Numbness or "pins and needles" sensation under the cast that does not go away after position is changed
- If your child's toes/feet are cold to touch and become numb or bluish in colour. Your child's toes should be pink and warm to the touch and they should be able to wiggle them and feel you are touching them
- Inability to move toes on the casted side, compared to the other side. The spica should 'fit' properly i.e. (the plaster is not too tight or too loose). If concerned get this checked, you will soon have a good idea of what is correct
- Severe skin irritation or rash around cast edges
- Cast becomes broken, cracked, loose or soft
- Unexplained fever above 101°F/38°C
- Any kind of object getting stuck inside the cast

About the Hip Spica Cast

What is a hip spica cast?

A hip spica cast is a large plaster cast that can best be described as a 'plaster of Paris' pair of trousers. Traditional plaster of Paris may be used over wadding, or a combination of plaster of Paris and fibreglass material or all fibreglass. Plaster of Paris is always white, but, depending on the hospital, the fibreglass plasters can be coloured or even patterned. The shape of the spica varies, see photos below, and can extend from the mid-chest down to the ankle, sometimes with a bar between the legs. If the problem is only on one side, following an open reduction, the cast will probably extend to the ankle on the affected side and may stop just above the knee on the unaffected side, but this depends upon the hip's stability and will be judged by your surgeon. A 'letterbox' style hole is left in the groin area to allow for toileting. The purpose of a hip spica is to keep the affected hip in the best position in order for it to develop normally.

Getting used to the spica cast

The hip spica cast will usually be put in place for the first time while your child is still under anaesthetic, immediately after the procedure and before being returned to the ward. In most cases you will return to the same clinician and clinic to get your replacement casts.

It is perfectly normal for your child to feel upset and touchy when the plaster is first put on, especially as they have just undergone surgery. Extra love, affection and reassurance will usually help to settle your child and make them feel more relaxed. Cuddles may be a bit awkward, but you will soon find the easiest way of holding your child.

Your clinical team will advise you on pain relief (often over-the-counter medications), as it is not uncommon to experience cramping or discomfort in the first few days after surgery.

Useful Advice:

Take a photograph of the cast and the skin around the edges of the cast before leaving the hospital. It will help you to communicate with your treating team in case of issues with the cast.

Going home

Preparing for your child to go home might be helped with a little planning, we have compiled some advice below to help you prepare for making your child comfortable at home.

Toileting

Disposable nappies are preferable for a child in a hip spica as they tend to hold urine better than cloth nappies and there's less chance of moisture seepage. You will need to buy a larger size than usual to accommodate the plaster, with a smaller nappy (with the side tapes removed) pushed up inside the cast. Alternatively, you could cut off the side tapes and use the middle portion of the nappy with popper or tie-on plastic pants. Frequent changing is needed but some leaks are inevitable. Sleek (may have various other names) - a waterproof adhesive, is usually recommended to help minimise this problem. Sleek is applied round the edges of the plaster, particularly in the nappy area. Sleek can be obtained from the hospital, or most doctors give it on prescription. A smaller nappy or incontinence pad is usually placed under a larger nappy, which then goes over the spica cast. Every child is different so you will probably have to experiment with various methods until you find the right one for your child. If your child no longer wears nappies, they will require a bed pan or urinal which may be provided by your Local Authority, but if not you can purchase these from a chemist.

For older girls you may also find the Whiz Freedom useful. This is a small portable urinating device, originally marketed to allow females to urinate without removing clothing when away from a conventional toilet. You may also find that while your child is in a hip spica, a urine odour may develop over time. This is normal and is simply due to the length of time that your child is in plaster. In extreme cases, some children may need to return to theatre for the spica to be changed.

Washing

The hip spica must NOT become wet; if water is absorbed into the spica the plaster will become weak and crack.

It is not possible to bathe your child whilst they are in a hip spica, so they will need a thorough wash (top and tail) with a damp cloth at least once a day to keep them feeling fresh. You are advised not to use skin lotion or powder under the edges of the hip spica as this may cause skin irritation and/or be an inhalation risk. Whilst cleaning the skin daily, it is a good idea to check all the plaster edges carefully for any signs of chafing; these are most likely around the spine and ankles. Great care must be taken round the nappy area to prevent undue soreness. Barrier nappy cream can be used to protect the skin around the nappy. Washing hair can be one of the most difficult problems, especially in a younger child who cannot support him or herself. Depending on the length of your child's hair, you may use a wet cloth for hair washing. Cover the plaster with towels and make sure that water does not drip down the plaster.

For longer hair, you could use an inflatable hair washing tray whilst your child is on the bed. These are sometimes provided by your local social services: however, if not they can be purchased from chemists or online retailers. A shampoo shield may also be useful to stop soap and water going in the face. Some parents have also found dry shampoo helpful. Most chemists stock this.

Sleeping

Younger children are less likely to be affected by the hip spica cast although 'wind' or colic can be troublesome. A little more time spent in winding a child after a feed, perhaps by moving around with them, is time well spent. Medication can be obtained from your GP if this is a persistent problem. Children in casts may only sleep for short periods and often become restless and distressed. Disturbed nights can also result from cramp, itching and the inability to turn over. The recent hospital experiences may make a child feel insecure. Extra reassurance may be needed, and sleeping in the same room or bed as the child need not lead to permanent bad habits. Taking it in turns to do 'night duty' is one way to ensure that you at least get a good night's sleep sometimes.

One parent said:
"We propped the cot mattress up by using pillows underneath the mattress ... on an incline".

Positioning your child

When you turn your child over, you must turn them in the same direction as their unaffected side in case the plaster cracks. When your child is lying on their back, place a rolled up towel underneath their ankles to raise their heels off the bed (although be careful not to cause additional pressure from the cast on the abdomen). If your child spends most of their time propped up on pillows or in their pram lying on their back, the pressure of the cast on their spine can cause the skin to become sore. To prevent this you must change your child's position frequently (approximately every 2-4 hours) by turning your child on their side or tummy or if this is not possible, altering the angle they are resting at. Use cushions, pillows and beanbags to make your child more comfortable.

In some instances, a bar is placed between the legs of the cast to stabilise the legs, do not use the bar to position or lift your child as it may break. Although the plaster will feel heavy, your child may be able to move themselves along the floor. Do not leave your child alone, especially on a raised surface.

Playing

Finding ways of entertaining and stimulating your child in a spica cast can be challenging. Many parents use a variety of beanbags for sitting and watching television. To offer a change of position, some parents lay their child on their tummy on a bean bag, with a beanbag-bottomed lap-tray in front of them for craft games or jigsaws. A 'hip spica chair' is useful for eating, reading, craft activities and colouring. Parents may find these second hand on the Steps Facebook page or forum.

Clothing

For small babies, babygrows a few sizes larger than usual are probably the easiest type of clothing to deal with, especially those with a full set of leg poppers and open feet. Girls' dresses usually fit over the plaster with no problems, with socks to keep the feet warm. Boys' clothing and trousers can be more challenging (especially if the spica has a bar) and you may have to adapt clothing with velcro. An adult pair of showerproof 'hiking trousers', cut off at the thigh and secured over the cast with a belt, provides good protection during feeding and for unexpected showers while out and about. If the spica cast is patterned or coloured, the cast itself can act like a pair of trousers, just use a pair of shorts or vest with poppers to cover the nappy area. Baby leg warmers are also useful in colder weather. If the cast comes down to the ankles remember your child's feet can get cold even in warm weather, so they may be more comfortable wearing thick socks or leather soled 'moccasin' style slippers.

Diet and meal times

Your child may no longer fit in their usual high chair, so you may need to find an alternative way of sitting them up whilst eating. It is a good idea to completely cover the whole plaster to ensure it remains clean and to stop food getting inside the cast. It is also useful to use a straw or a cup with a lid to avoid spillages. A toddler booster chair that straps onto a standard dining chair is often a good option for mealtimes and can also be used for games and entertainment at the kitchen table to vary your child's position. Many parents find that their child's eating habits are unaffected by being in a hip spica although they can get constipated as they are spending so much time lying down. You can help avoid this by ensuring their diet has plenty of fibre and making sure they drink lots of water: never restrict your child's fluid intake. If the problem persists and makes your child uncomfortable, it is best to seek medical advice.

Childcare and school

Children in treatment for hip dysplasia can continue to go to childcare or school. It is important that your child feels well supported when returning to childcare or school. If your child has a babysitter, nanny or attends a childcare centre, it is important to explain your child's care regarding the cast. It is usually advisable to provide the person responsible for your child's needs with a list of items to be aware of and some useful instructions. Where possible, it would be beneficial to demonstrate a nappy change. If your child is mobile, make sure that the childcare provider knows that, and understands what your child is able to do. Be sure to tell the childcare provider if your doctor specified any restrictions on your child's movements such as not standing while wearing a spica cast. If they have any questions or concerns, they should be put in contact with the treating team for advice. Talk with the teachers about your child's return to school and plan well in advance where possible. Your child could use a scrapbook or some pictures to help explain their conditions to the teachers and their peers.

Did you know?

In each of the four nations of the UK there are different names for the person responsible for coordinating additional support needs for children in a school:

- In England and Northern Ireland every school will have a designated Special Educational Needs and Disability Coordinator (SENDCO/SENCO)
- In Scotland the equivalent is an Additional Support Needs (ASN) teacher
- In Wales this role is called the Additional Learning Needs Coordinator (ALNCo).

It is advisable to explain your child's condition to the head teacher and school SENDCO before the child starts school so that any anxieties and potential problems can be identified beforehand. You will need to provide enough information to help the school perform a risk assessment and you may need a letter from the hospital describing your child's adapted needs. This is best arranged before you are discharged. It is also good to have a letter from your consultant pointing out that your child may need additional days off school for clinical appointments,

Schools are required to regularly update and publish information on their provision for pupils with disabilities and strategies to improve accessibility. Most schools are sympathetic and will make the necessary accommodations.

If you are not satisfied with the provision for your child there are other sources of help and advice such as your local parent partnership service. They can provide, 'accurate and neutral information on the full range of options available to parents.'

Be proactive in sourcing the support that you and your child need, and don't be concerned about talking to your child's school. A problem identified early enough can be easier to resolve.

Travel

Getting out and about can be challenging but essential for your own emotional well-being. For the latest information, please refer to the Steps Hip Spica Equipment list which lists pushchairs and other equipment that our parents have found suitable for a child in a hip spica.

Pushchairs

Depending upon your child's age and shape of the hip spica, they may fit into their own pram/buggy. It may be possible to adapt your existing pushchair by extending straps and using extra cushions, but always consult the manufacturer for advice before making any changes. Some of the best forms of pushchairs available are the twin side-by-side ones, but these can be expensive to buy unless you can borrow one or buy second hand. Whatever style of pushchair you use, it is essential that your child is always strapped in securely using the harness provided. If your child's feet stick out at the sides, you will need to take extra care not to bang them going through doorways or of other people walking into them.

You will also need to be prepared if it rains, as it's important that the hip spica does not get wet. You may need to be inventive as the waterproof raincover provided with your pushchair may not fit over the cast. Older children over the age of three will probably require a special lieback wheelchair. These may be provided from your hospital or you can also hire them.

Car seats

It is unlikely that your child will fit in their normal car seat, as it has not been designed to be used with children in a hip spica cast.

It is recommended that you do not add any parts to adapt your child's car seat (e.g. cushions), as this could affect their safety in the event of an accident causing injury to your child and invalidate your car insurance. Children in a hip spica are also at a higher risk of injury if they travel in a forward facing car seat, especially if additional cushions have been added.

If your child weighs over 9 kg once in plaster and is under the age of 4 years, they may be able to use a specially modified car seat. However, this will depend on factors such as the position of your child's legs in the hip spica and the age of your child. The car seat can be used as a standard car seat once the plaster has been removed for children up to 25 kg.

The Steps Facebook groups offer advice from other parents on where to find access to suitable car seats.

Blue badge parking scheme applies to hip spica casts

In you live in the UK, you may be eligible for a blue badge if your child is under 3 and wearing a spica cast which is considered to be bulky medical equipment, or for an older child if you are in receipt of the higher rate mobility component of Disability Living Allowance (DLA).

Parents inform us that a letter confirming the child's diagnosis from the health team will speed up this process and make your application more likely to be successful.

Life After Your Hip Spica Cast

Cast removal procedure

The hip spica cast may be taken off in outpatients without an anaesthetic, or in theatre under a general anaesthetic, but you will need to check with the hospital to find out their policy. Children can become upset when the hip spica is removed without anaesthetic and this can also be upsetting for parents as well. Whilst it's not a painful procedure, the noise and vibration of the plaster saw that is usually used may frighten your child. Distraction may help and you are allowed to be near to your child to comfort them. The plaster technician will try to get through the procedure as quickly as possible. Once the plaster has been removed you may notice your child's skin looks red, flaky and/or scaly. This is perfectly normal and will soon settle down but you may be advised to apply an intensive moisturiser to help remove the dead skin; your GP will be able to prescribe cream for this. An X-ray is usually taken to ensure that the hip joint is developing satisfactorily, and you may also have an appointment with your consultant for a review.

Reactions to cast removal

The cast removal is probably the moment you have been waiting for, after weeks or maybe even months of your child in plaster. However, don't be worried if this is not initially the 'happy time' you envisaged and your child appears upset and unsettled without the cast. It can take a bit of time for your child to adjust to having legs again, as their skin will be very sensitive. You can pick your child up as normal but it is advised to support their bottom and hips. In some cases, a child may spend some time in an abduction brace following cast removal, in order to keep the hips in a stable position. The length of time in the abduction brace depends on the child's condition and on the individual consultant.

Even though your child may have previously loved bath time, it can take several weeks to get them used to it again, so do not be surprised if they initially get upset when in the water. Time spent in the cast may also mean that the development of some physical skills seems to have gone backwards, but they will 'catch up'. Also be aware that your child's legs will not return to the 'normal' position immediately and they may hold their legs in the plaster position. It is a case of waking up the muscles, tendons and joints and reminding them that they can move. This can take some timetime, and you may be referred to a physiotherapist who will discuss some simple exercises which you can do at home with your child. Swimming is also an excellent form of physiotherapy, as it's weightless and your child will often not realise that they are moving their legs. The key to your child mobilising is to let them do it in their own time and do not force or push them to stand or walk.

What other parents say

Hopefully this booklet will help you to cope with the practical aspects of caring for a child in a hip spica. However, dealing with the emotions when you're told that there's something wrong with your child can also be very challenging. Many of the parents who have contacted Steps have said how much relief they get from being able to express and share their feelings. Hearing how others have reacted helps you realise that you're not on your own and your reactions are likely to be in keeping with those of others in the same situation. Below are some of the reactions of other parents. They are in their own words and we hope you'll find some comfort in this.

Initially most people feel shock or disbelief.
"It was very difficult at first. We were shocked and then angry, why us? we asked ourselves. Then finally we were determined that we would win through no matter what."

It is also hard to prepare yourself for the treatments, which initially to most parents seems like an insurmountable hurdle. The treatment itself is often more distressing to the parents than the child.
"I felt strange that my cuddly little baby had been taken away from me."
"Compared with some other mothers I have had relatively little to deal with, but I do remember feeling overwhelmed and isolated during those first few weeks."

It can be a physically and mentally hard time for parents.
However, most parents who have been through all this seem to find their own solutions.
"I know deep down that I will cope with whatever happens, you always seem to find a hidden strength."

It helps to be able to share one's feelings, to realise that they are normal and quite justifiable reactions to a very difficult situation. If you want to talk to someone who has been through a similar situation please contact Steps by telephone on 01925 750271 or visit the Steps website www.steps-charity.org.uk.

Finally, your feelings towards your child do not fundamentally alter and to have your child healthy once again makes your feelings all that more precious.

> ""I shall never forget the flood of emotion I felt the day the plaster came off and I picked her up and cuddled her close for the first time. She felt so soft and floppy and fragile. I had to learn how to carry her all over again; but it was wonderful!"

Steps host a closed Facebook Group for families to offer each other support and share hints and tips about coping with treatment. To join, visit the Steps Facebook page.

Parent to parent hints and tips

• A mattress on the floor avoids the fear of a child falling out of bed awkwardly and gives the opportunity for joining your child if they require a comforting presence during the night (or you could use bed guards to attach to the side of the bed).
• Plenty of pillows under the body and the plaster help to make your child more comfortable. The most vulnerable areas in the spica are the ankles and the waist, particularly around the spine. The plaster edge often digs in here causing greater discomfort, so a flat cushion where the cast meets the spine can alleviate the pressure as your child flexes and moves in the night.
• Some children can wake up distressed which can be very worrying, particularly when a young child cannot explain what is wrong. But for the most part, it is usually cramp. Just massage and flex the ankles and feet.
• Your child may well be too hot. The plaster is like cavity wall insulation and your child may need fewer blankets.
• A lambskin rug or microfibre blanket can help soothe and prevent heat rash.
• If your child is in nappies, raise the head end of the cot on blocks to help urine run down into the nappy and not up the back.

Who are Steps and How Can They Help?

Steps is the national charity working for all those whose lives are affected by childhood lower limb conditions. Everything we do is about valuing and supporting individuals, families and carers affected by conditions which have an impact on the legs, hips or feet.

Contact Steps (confidential)

Call 01925 750271 with any questions you have or email info@steps-charity.org.uk

Facebook discussion groups (private)

There are two pages for members to join:
Steps Charity - Support Group for Parents
Steps Charity - Support Group for Adults

Family contact support service (confidential)

Connecting parents (or adult caregivers) with other families who have been through something similar. Enquire via our contact number 01925 750271 or email info@steps-charity.org.uk. All our Family Contacts are interviewed and given training before they engage with a family, providing a forum for sharing ideas and consulting other parents on day-to-day questions.

Social media

Steps is active on X (@Steps_Charity), Instagram (@StepsCharity) and on YouTube (StepsCharity)

Please note, external websites are not associated with Steps and Steps are not responsible for their content.

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Steps Charity Groups:
Steps Charity - Support Group for Parents
Steps Charity - Support Group for Adults

Contributors

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With special thanks to contributors and reviewers:

Especially Charlotte Tasker (Clinical Nurse Specialist Children's Orthopaedics and Plastics), The Steps team, Walk:Enabled, The Johnson Family, The Webster Family.

All other families who contributed input, photographs, and feedback.