The Royal Wolverhampton
NHS Trust

Femoral Osteotomy

Paediatric Physiotherapy

The prevention of infection is a major priority in all healthcare and everyone has a part to play.

- **Please decontaminate your hands frequently for 20 seconds using soap and water or alcohol gel if available**
- **If you have symptoms of diarrhoea and/or vomiting, cough or other respiratory symptoms, a temperature or any loss of taste or smell please do not visit the hospital or any other care facility and seek advice from 111**
- **Keep the environment clean and tidy**
- **Let's work together to keep infections out of our hospitals and care homes.**

Purpose of this leaflet

This leaflet has been created to provide information for patients having osteotomy surgery.

It aims to help you understand what osteotomy surgery is, why you have been offered it and what the risks and benefits are of having it. It also aims to help you understand what happens before, during and after the surgery and what you can do to prepare yourself for it, if you choose to have it.

Anatomy of the hip joint

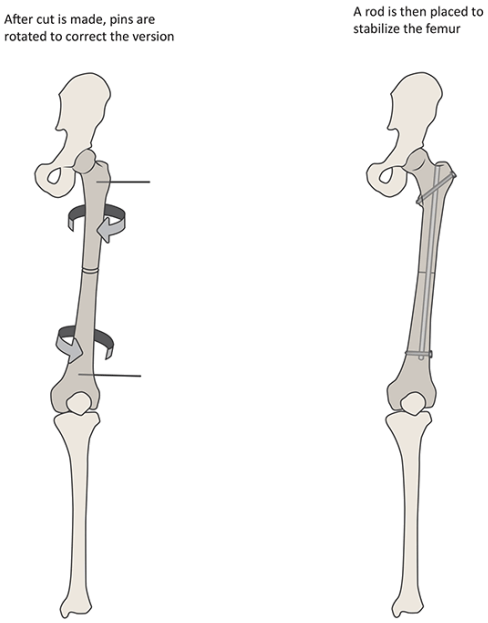
The hip joint involves two main bones that form the ball and socket joint. The socket is formed by the acetabulum part of the pelvis bone and the ball is the femoral head (upper end of thigh bone). Surrounding the hip joint are a group of muscles (Gluteals) which support the joint.

Reasons for surgery

Femoral osteotomies aim to restore normal alignment of your hip joint and/or leg. There are two common reasons that may require femoral osteotomy surgery, the first being when the femur is abnormally twisted. Typically, this causes the knee or foot to point inwards and outwards. The other reason for surgery is when the femoral head is angled too high or low and therefore there is not enough coverage for it in the socket.

What happens during surgery?

During surgery the surgeon will make a cut (osteotomy) through the upper part of your thigh bone. They aim to then correctly position the bones and use metal work to hold them in place. The metalwork may then be removed at a later date when the bones have fully healed.



Accreditation

www.hss.edu/health-library/conditions-and-treatments/femoral-osteotomy-for-hip-conditions

What happens after my surgery?

You will usually be seen by the physiotherapy team on the day of your surgery or the day after. Depending on your levels of mobility prior to surgery, you may require a zimmer frame or crutches to help you walk. If your child is wheelchair bound a safe suitable transfer method will be devised.

How much weight can I put through my operated leg?

To be filled in post-surgery (Physiotherapist to tick)

..... can:

☐ fully weight bear
☐ toe-touch weight bear
☐ partial weight bear
☐ non weight bear

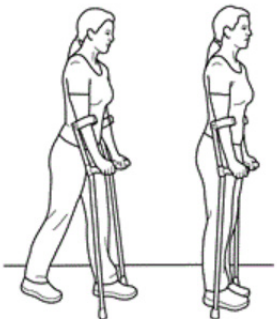
on their operated leg.

Pain relief

Following the procedure good pain management is one of the most important things you can do for your child. It is important for it to be given regularly at the appropriate times. Paracetamol and Ibuprofen may be given to you when you are discharged, however the doctors and nurses will guide you further.

Walking with crutches

You will be provided with a pair of crutches for use when walking. You may also be given a brace to wear for a period under your surgeon's discretion. You will be guided by a physiotherapist as to whether you can put weight through your leg or not. They will also guide you as to when you can discard the crutches. It is very important you follow the advice on how to use the crutches safely and avoid twisting or pivoting.



FWB / PWB – Full weight bearing / Partial weight bearing

1. Place your crutches forward
2. Step your operated leg up to the crutches
3. Step forward with your non-operated leg

Repeat.

Stairs

Walking up stairs

Stand close to the stairs. Hold onto the handrail with one hand and the crutches with the other hand. If you have another person with you, hand them your other crutch.

1. First take a step up with your non-operated leg
2. Then bring your operated leg up to the same step
3. Finally bring your crutch up onto the step

Walking down the stairs

Stand close to the stairs. Hold onto the handrail with one hand and the crutches with the other hand. If you have another person with you, hand them your other crutch.

1. First put your crutch one step down
2. Then take a step down with your operated leg
3. Then take a step down with your non-operated leg, onto the same step as your operated leg

Non-weight bearing

Non-weight bearing (NWB) means you should NOT put any weight through the affected leg when attempting to stand, walk, sit down or negotiate steps and stairs.

1. Stand up on the unaffected leg keeping your affected foot off the floor
2. Once in standing place both crutches one step in front of you, level with each other and bend the knee of your affected leg to ensure it stays off the ground
3. Take your body weight through your upper limb using the crutches
4. Hop forwards with your unaffected leg so that your body is level or just behind the crutches
5. Steady yourself and repeat

Accreditation

https://williamslockephysio.co.za/how-to-use-crutches/

Stairs NWB

Going up

1. Stand close to the handrail and hold with one hand. Use one crutch in the other hand.
2. Keeping the crutch down and holding onto the rail, hop onto the step above taking full weight through your upper body.
3. Be mindful to keep your affected leg bent at the knee if able, to aid your balance.
4. Repeat.

Going Down

1. Stand close to the handrail and hold with one hand. Use one crutch in the other hand.
2. Place the crutch onto the step below, putting weight through the crutch and handrail to lower yourself down to the next step.
3. 3. Be mindful to keep affected leg out in front (as shown in picture) to avoid catching your leg.

Accreditation

https://www.aboutkidshealth.ca/healthaz/orthopaedics/musculoskeletal/crutches-how-to-use/?language=en#/

Physiotherapy exercises program

Following surgery, your physiotherapist will issue you exercises specific to your operation, as it is important to start getting the joint moving post operatively. You will be referred as an outpatient for on-going physiotherapy where your exercises will be progressed under guidance. An appointment should be issued no longer than two weeks from the date of your discharge. **Please do not attempt any exercises other than the ones your physiotherapist tells you to do.**

All exercises should be completed a minimum of three times a day.

The Royal Wolverhampton NHS Trust, New Cross Hospital.

Provided for _____

Lying on your back.

Squeeze buttocks firmly together.

Hold approx 5 secs.
Relax.
Repeat 3 times.

Lying on your back.

Bring your leg out to the side and then back to mid position.

Repeat 3 times.

Active Knee Flexion in Supine

Lie on your back, with legs straight.

Bend your affected knee to the prescribed range by sliding your heeltowards your buttocks and return to the starting position.

Repeat 3 times.

Isometric Knee Extension in Supine

Lie on your back with one leg bent and the other leg straight.

Bend the ankle of the straight leg and press the back of the knee against the floor using your front thigh muscles.

Hold the tension for 5 seconds and then relax.

Repeat 3 times.

1. Lie on your back with roll/towel under your affected knee
2. Raise heel off floor until knee is straight
3. Hold _____seconds and slowly lower.
4. _____repetitions

Lying on your back with one leg straight and the other leg bent.

Exercise your straight leg by pulling the toes up, straightening the knee and lifting the leg 20 cm off the bed. Hold approx 5 secs. - slowly relax.

Repeat 3 times with both legs.

Contact Details

If you have any questions around your outpatient appointment or have not received confirmation of an appointment within two weeks of your discharge, please contact the Physiotherapy / Occupational therapy admin team on 01902 446290.

English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowaliby Państwo usługi tłumaczenia ustnego lub innej pomocy.

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਆਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

Romanian

Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.

Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。

Designed & Produced by the Department of Clinical Illustration,
New Cross Hospital, Wolverhampton, WV10 0QP Tel: 01902 695377.

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