The Royal Wolverhampton
NHS Trust

Hip Surgery and Spica Cast Care

Paediatric Physiotherapy

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

- **Please decontaminate your hands frequently using soap and water or alcohol gel if available**
- **If you have symptoms of diarrhoea and/or vomiting, a cough or other respiratory symptoms, a temperature or an unexplained rash which could be infectious please do not visit the hospital or any other care facility. If your visit is essential then phone ahead to the department that you are visiting**
- **If you are unwell seek advice from 111 or your GP if required**
- **Help us to keep the environment clean and tidy**
- **Let's work together to keep infections out of our hospitals and care homes.**

Care Colleagues
Collaboration Communities

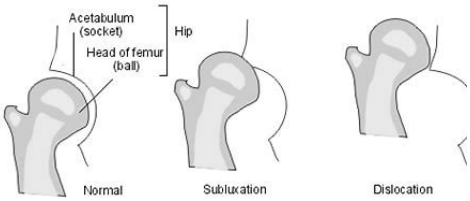
Purpose of this leaflet

This booklet is for parents with a child going into a Spica cast following treatment for Developmental Dysplasia of the Hip (DDH) or hip stabilisation. It will provide information that will hopefully reassure you and your child. It aims to help you understand what happens during and after surgery and recommendations to make things easier to cope with following surgery.

What is DDH?

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).

DDH describes a range of conditions in which the ball and socket of the hip joint do not develop properly.



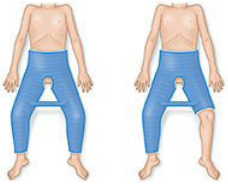
Accreditation

slideshare.net/slideshow/developmental-dysplasia-of-hip-ddh/230203152

In the mildest forms of hip dysplasia, the socket may fail to develop correctly, or the joint is simply too lax to hold the ball firmly in the socket. If left untreated, in the more severe forms, the femoral head or ball may be displaced completely out of the socket and be dislocated. The final outcome from DDH will depend on the severity of your child's condition and their response to treatment. However, many children are treated successfully and go on to lead a healthy active life.

What is a hip spica?

A hip spica is a large plaster cast which is made from plaster of paris. It usually starts from halfway down the body (from the tummy), around the hips and extends down both legs. In most cases on the affected side, the cast will continue down to the ankle. On the unaffected side it will stop just above the knee. It will have an opening for hygiene and toileting. The purpose of the hip spica is to keep the affected hip in the best position in order for it to develop normally.



Accreditation

www.drugs.com/cg/hip-spica-cast-for-children.html

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.

Cast and wound care: when to seek medical advice

It is perfectly normal for your child to feel upset when the plaster is first put on, especially if they have undergone surgery prior to hip spica application. Once discharged from hospital, if you notice any of the symptoms listed below, please seek medical advice immediately.

- Severe pain or swelling not relieved by medication or elevating the leg
- 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 be able to wiggle their toes 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
- Severe skin irritation or rash around cast edges
- Cast becomes broken, cracked, loose or soft
- Unexplained fever above 38 degrees Celsius
- Any kind of object getting stuck inside the cast

Toileting?

There will be a 'letterbox' opening for hygiene in the plaster. We advise you to use two nappies with a smaller one inside and a larger one over the cast. A sanitary pad or pleat of cotton wool inside the first nappy will increase the absorbency and minimise the risk of leaks out the back. You will need to experiment and find out what works best for your child. It is important that the skin stays as clean and dry as possible. We therefore recommend that initially you check your child's nappy on a regular basis, such as every couple of hours to ensure they remain dry.

How should I look after my child's skin?

- Skin around the edges of the plaster should be checked every day for redness, blisters, pressure areas or skin irritations
- Your child will continue to grow with a hip spica on, so check regularly to make sure the plaster is not too tight
- Powders and creams should only be used on skin that you can see as under the plaster this can cause skin irritations
- Be sure that your child does not poke things down the plaster as they can cause skin grazes and may also become stuck

Bathing

The hip spica must **NOT** become wet; if water is absorbed into the spica the plaster will become weak and crack. Unfortunately, while your child is in plaster they will not be able to have a bath. You will need to give them a strip wash – ensuring the plaster does not get wet. If your child is small enough they can be laid on towels on the draining board of the kitchen sink to have a hair wash over the sink or on the floor on your lap with a washing up bowl and plenty of towels.

Sleeping

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. Taking it in turns to do night duty is one way to ensure that you at least get a good nights sleep sometimes.

Positioning your child

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 two to four 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 bean bags to make your child more comfortable.

Clothing

For small babies, baby grows 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 things such as Velcro. 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.

Diet and mealtimes

Your child may no longer fit in their usual highchair, 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 be also used for games and entertainment at the kitchen table to vary your child's position.

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 website, stepsworldwide.org which lists pushchairs that other parents have found suitable for a child in a hip spica.

Pushchairs

Dependent upon your child's age and shape of the hip spica, they may fit in 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.

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 other people walking into them. 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.

Car seat

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 (for example, 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.

Blue badge parking scheme - If a child is under three and you live in England, Scotland, Wales or Northern Ireland, you are entitled to receive a blue badge. For further information visit: gov.uk/apply-bluebadge.

Cast removal

The hip spica cast may be taken off in outpatients without an anaesthetic, or in theatre under a general anaesthetic. 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 sometimes 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.

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。

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