

Caring for your child in a hip brace after hip surgery

**Information for
parents and carers**



Contents

	Page no.
Introduction	3
What is a hip brace?	3
Why does my child need this brace?	3
Care of a child in a hip brace	4
Using the toilet	4
Washing/bathing	5
Skin inspection	5
Moving your child	6
Rolling	6
Transfers	6
Wheelchairs	7
Buggies	7
Specialist car seat	7
Pressure care and positioning	8
Positioning in bed	8
Sitting in the wheelchair	9
Daily living	10
Clothes	10
Feeding and diet	10
Play	11
Leaving hospital	12
Travelling home	12
Removal of the hip brace	13
Useful contact details	15

Introduction

You may be aware that your child will be having some hip surgery.

This may involve a number of different procedures, the most common being an operation to cut the thigh bone and pelvis, to re-shape the hip socket.

The exact procedure that your child needs will be decided by the consultant after a detailed medical assessment. The result will be discussed with you and your child (if appropriate).

This booklet provides information you may find useful if your child needs to wear a hip brace after the operation.

What is a hip brace?

A hip brace is a protective harness made of metal and plastic with a padded lining. Hip braces are also sometimes called 'Maple Leaf' or 'Toronto' braces. It is custom-built for your child, so they will need to be measured by the Orthotics Department before the day of the operation.

It is made up of three sections; one section fits around the chest, and the other two parts are leg cups which wrap around the thighs.

You will notice there are many screws on the brace (usually 14 in total). You will need to tighten all of these screws about once a week with the allen key provided.



This is a 'Maple Leaf' brace

Your child will usually wear the brace day and night for six weeks after their surgery.

Why does my child need this brace?

Your child will wear the hip brace to help protect the changes made by the hip surgery in the weeks after their operation.

Care of your child in a hip brace

Caring for your child whilst they are in a brace is not as complicated as it may first appear. Your child will still be able to wear a nappy or use the toilet. They will also be able to sit up and lie in bed comfortably.

The Velcro straps around their legs and body can be released to allow your child to be washed, however it is important to **unstrap only one section of the brace at a time**. After the operation your child may experience some (or an increase in) spasms, so it is essential to control each part of their body. You should only move your child's body within the limit of what the brace would allow. With one leg strap undone, you can hold and wash your child's leg. The strap should then be refastened before moving on to their other leg. The chest section can be left open to let air get to the skin for a short amount of time after washing or when relaxed, as long as the leg straps are fastened.

Using the toilet

If your child uses nappies or pads, these should be positioned around or under the brace. You may need a larger size to be able to do this. The nurses on the ward will show you how to position the nappy or pad.

Even if your child normally uses the toilet, using the toilet whilst wearing a brace can be a challenge! Some children have enough movement in their brace to be able to sit on a standard toilet.

The Occupational Therapist at the Pre-Operative Assessment Clinic (POAC) can advise whether your child might need a commode or items such as a bed pan or urine bottle. They will either give them to you to take home before your child is discharged or will order them to be delivered to you at home. They will also be able to show you how to use the equipment.



This is a bed pan



This is a urine bottle



This is a commode

Washing / bathing

When your child is in the brace they will only be able to have a wash with a flannel or wet wipes, as the brace will need to be worn 24 hours a day. The nurses on the ward will show you how you can safely loosen the brace to wash your child.

A hair washing tray may help you to wash your child's hair in bed. The Occupational Therapist at the POAC can advise you where to get one of these.

Skin inspection

Your child will have restricted movement when they are wearing the brace, so it is important that you regularly inspect their skin. There are certain areas on their body which are more at risk of becoming sore. This will be discussed with you during your child's hospital stay.

The hinges of the frame can sometimes come into contact with the skin. We will show you how to position your child when sitting or lying to avoid this. If you notice any redness, dryness, or blistering of your child's skin when they have been discharged from hospital please contact us as soon as possible (see the back of this leaflet for contact numbers).

Moving your child from one place to another

During their stay in hospital, you will be shown how to move your child correctly and safely (for both you and your child).

Rolling

The correct technique for rolling your child is shown here. Be sure to support their 'top' leg using your arm (as shown) or a pillow, to keep the gap between their legs.



Transferring into chairs and beds

At first, you may find moving and handling your child in a brace rather awkward. Different methods of moving will be discussed with you by the Occupational Therapist in the POAC.

Please note: A brace weighs approximately 1 to 2kg (2 to 2.5lbs), and adds bulk to the child.

Smaller /younger children

You will be given further advice on how best to handle your child whilst in their brace and also given demonstrations before leaving hospital.

Key points

- When moving your child you must always also support the brace. **Never** pick your child up from under their arms.
- Keep your child as close to your body as possible. This will help protect your back and make your child feel safe.
- Remember the brace is there to protect your child's hips, allowing you to continue with cuddles without fear of hurting them.

Larger /older children

Normally your child will need to be hoisted to be moved. We will liaise with community teams to make sure that the correct equipment is in place at your home before your child is discharged from hospital. You will practice using this equipment whilst your child is on the ward. If you already use a hoist at home, we will need to assess the suitability of your child's sling whilst they are in the brace. In the brace, the child should always be hoisted with the legs apart (not using the modesty strap).



Wheelchairs

The brace limits the range of motion at the hip joint, which means sitting upright at 90 degrees may be difficult. A reclining wheelchair which tilts and lays back is usually helpful. Once your child is seated in their wheelchair we will show you how to adjust their position.

The Occupational Therapy Department can loan specialist wheelchairs to children who are unable to fit into their own wheelchairs or buggies after surgery. Please note that the chairs are not collapsible so will not fit into a standard car boot. Hospital transport can sometimes be arranged for the journey home.

Buggies

Children may struggle to fit into their buggies whilst wearing a brace, however if your child has a specialist buggy that reclines and tilts this may still be suitable, depending on how wide they are when positioned in their brace.

Specialist car seat

You might not know whether you will need a different car seat until after the brace is fitted. A child in a brace is very unlikely to be able to use their own car seat if it has built up sides. The Occupational Therapist will discuss this with you at the POAC.



Pressure care and positioning

When wearing a hip brace it is important for your child to change position frequently. This is necessary to avoid:

- joint stiffness
- pressure areas
- boredom of staying in one position.

Changing position helps your child to take part in a variety of activities, and interact with others.

Positioning in bed

Whilst in hospital, your child will be positioned in the bed either lying on their back, sitting up at different angles or lying on their side. Not every child is comfortable lying on their back in the hip brace.



In all these positions, pillows are used to support your child so that excess pressure is not put onto any one area, such as the heels, leg cups and underarms.

The surgeon may limit the movement of your child's hips whilst they are in the brace. You will be shown how to manage this to help your child stay comfortable.

Sitting in the wheelchair

Once sat in their wheelchair, make sure that your child's bottom is fully into the seat with their back right against the back rest. Depending on how the brace is set by the doctors, there may be gaps under the leg cups of the brace. You will be shown how to fill these gaps with a pillow, towel or small cloth.

Finally, make sure that your child's heels are raised off the spica board or footplates of the wheelchair.

Daily living

Clothes

Clothes can be worn over the brace, though you may have to adapt them. Trousers can be difficult to put on as the brace normally holds the legs in a frog legged position. You can adapt a pair of trousers by cutting along the side seams and adding poppers or Velcro so that they can be fastened at the sides. Some High Street stores sell specially adapted clothing. Dresses or tunics which can fit over your child's head may be easier to use. Some people choose to buy long socks or stockings to keep the lower part of their child's legs warm in the winter. During hotter weather you could adapt thin shorts and t-shirts.

We would recommend buying clothes in a size or two bigger than normal so that they can fit comfortably over the brace. We would also recommend waiting until you are home before adapting clothing.

Feeding and diet

Your child can eat all the things that they normally would but be careful that they don't eat too much as they may feel bloated and uncomfortable whilst in the brace. Make sure they have plenty of fluids, fresh fruit and vegetables to prevent constipation and promote healing.

Tip: Tuck a small towel or tea towel into the brace at meal times to stop crumbs falling inside.

Contact your GP if your child becomes constipated and is uncomfortable.

You will need to experiment to find the best system for positioning your child at mealtimes. Make sure you position them as upright as is comfortable for them, to help with their swallowing and digestion. You could try positioning their wheelchair under the dining table at mealtimes (if it fits), or you can buy a padded lap tray so they can sit next to their family. This will encourage independence and normal interaction with their family.

It might be worth getting a couple of bean bags. You could put these against a wall or sturdy surface, so your child does not tip back, then use a low table so they can eat more easily. You may need to hoist your child down onto the bean bag. Manual handling advice will be provided by the Occupational Therapists at the hospital.

Play

Play is an essential part of a child's development and should be actively encouraged. This is especially true when your child is in a hip brace, even though it will restrict their choices as they will not be able to carry out activities which are very physical or energetic.

You can adapt the types of play and activities to things that your child will be able to manage more easily. To set up your child for play, an over-bed table (or similar), placed over the wheelchair will make things easier; or you could position their wheelchair next to or under a table.

The play specialists at POAC and at the Children's Hospital are available to suggest ideas for using play and books to prepare for the operation. They will also suggest therapeutic activities to promote your child's continuing development and help to overcome any hospital-related anxieties.

Leaving hospital

Travelling home

As a parent/carer it is your legal responsibility to make sure the correct child car seat has been fitted or alternative means of transport have been found.

If your child's brace has been set to allow a 90 degree angle at the hip, they may be able to use a booster seat or a child car seat with a wide base or no sides. In order to do this, you would need to lift your child from their wheelchair into the car.

We need to make sure that your child is comfortable for the duration of the journey home. For example, if you have a 45 minute ride home, ensure that your child can sit comfortably for that length of time. You may need to divide the journey up with regular breaks.

Points to consider if seating your child in a booster or child car seat

What is the depth of the seat and leg space?

You will need to measure this to make sure there is enough space.

Where are you allowed to place your child in your car?

Think about the air bags. Can these be switched off to allow your child to sit in the front of the car?

For safe transportation, the child car seat/restraint to be used after surgery must be fitted in accordance with the manufacturer's recommended guidelines. If you have hired or bought a seat from the In Car Safety Centre in Milton Keynes they can help you with this.

Please be aware that if you adapt your own car seat in any way, it may invalidate the manufacturer's warranty. Neither the manufacturer nor Oxford University Hospitals NHS Foundation Trust will accept responsibility for any reduction of performance or safety of this restraint as a result of adaptation. You will be asked to sign a form stating that you are aware of this and that you take responsibility for anything which may happen whilst your child is travelling in an adapted seat.

This is because the car seat will not have been crash tested by the manufacturer with any adaptations you may have made. This means you cannot be certain it will help protect your child in the event of an accident.

For more advice and information, including current legislation regarding the safe transport of children, go to the RoSPA (Royal Society for the Prevention of Accidents) website at www.rospa.com or telephone them on **01212 482 000**.

Removal of the hip brace

The hip brace will usually need to be worn for 6 weeks after the operation. You will be sent an appointment to come to the Day Care ward at the Children's Hospital. At this appointment your child will have an X-ray to check that the hip reconstruction is healing well. If the X-ray shows that everything is healing correctly, the brace will be removed by the Therapy Team.

A Physiotherapist will check your child's hip movement, suggest activities to help get them moving, and show you how to progress their stretches. They will also contact your child's community team to update them.

Your child may feel a little vulnerable when the brace is first removed, as they will have become used to the security of the brace. To help with this, we advise using pillows to support their legs for the first few days out of the brace. If your child routinely uses a sleep system (wedges used to hold their position as they sleep) they can now start to use this again.

It is safe for children to use their own wheelchair immediately after the brace is removed. The Therapy Team will check the seating position. **Please remember to bring your child's usual wheelchair to this appointment.**

If a wheelchair was loaned by the hospital Occupational Therapy Team it should be returned at this appointment.

If your child walked before their operation it can take time to return to this activity, as the muscles will feel weak. The Physiotherapist will practice standing with your child before they are sent home.

Please take this opportunity to ask the Therapy/Nursing Team any questions you may have. If you or your child have any concerns in the meantime, the Team can be contacted on the numbers at the back of this leaflet.

Useful contact details

Nuffield Orthopaedic Centre (NOC)

Windmill Road
Headington
Oxford
OX3 7LD

Telephone: **0300 304 7777**

Website: www.ouh.nhs.uk

Paediatric Physiotherapy, Oxford Children's Hospital

Telephone: **01865 231 999**

Paediatric Occupational Therapy, Oxford Children's Hospital

Telephone: **01865 234 001**

Paediatric Orthopaedic Nurse Specialist

Telephone: **01865 234 992**

Orthotics Tebbit Centre Appointments

Telephone: **01865 227 570**

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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