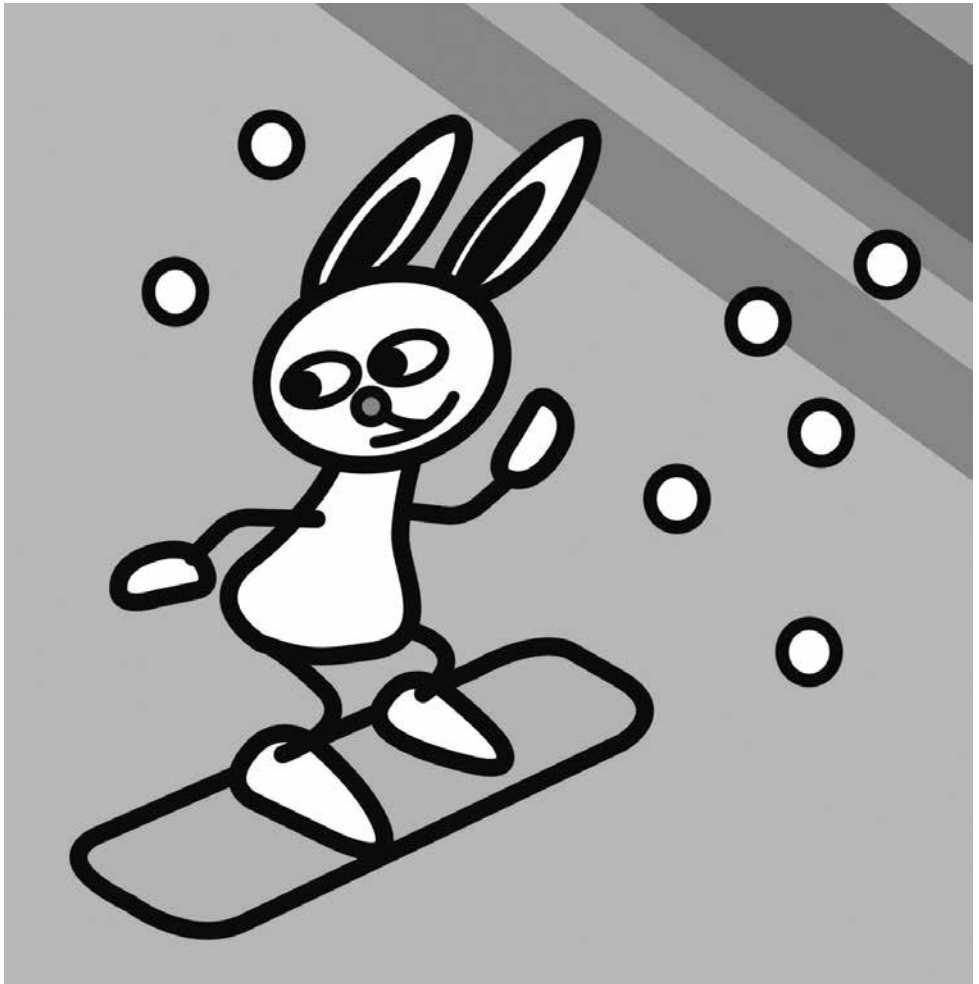


Caring for your child in a hip spica after hip surgery

Information for parents and carers



Contents

	Page no.
Introduction	4
What is a hip cast?	4
Why does my child need a hip spica?	4
Care of your child whilst in a hip spica	5
Using the toilet	5
Double nappy technique	6
Cast care – do's and do not's	8
Washing and bathing	9
Skin inspection	9
Moving your child	10
Transfers	10
Buggies	11
Wheelchair	11
Car seat	12
Pressure care and positioning	12
Seating: Specialist spica chairs	13
Daily living	14
Clothes	14
Feeding and diet	14
Play	15
Leaving hospital	16
Travelling home	16
Financial support	17
Removal of spica: Three months after surgery	17
Precautions	18
Exercise	18
Useful contact details	19

Introduction

This leaflet has been designed to give you guidance when your child is in a hip spica. You may find it useful to read this alongside information provided through STEPS, a national charity supporting children with hip conditions: www.steps-charity.org.uk

What is a hip spica cast?

A hip spica cast, known as a 'spica' (pronounced "spy-ca") is an orthopaedic plaster cast used to hold the hips and thighs in one position. It is used to aid the healing of your child's hip surgery. The plaster cast will also cover their tummy, usually to just below their belly button, and one or both legs. It often has a crossbar from one knee to the other for stability; this is sometimes known as the 'broomstick'.



Your child will need to have the spica for a total of 12 weeks. After the first 6 weeks your child will be admitted to hospital for a few hours. Under general anaesthetic (whilst they are asleep) they will have the spica changed to a fresh one in a similar position. This new cast will stay on for a further 6 weeks.

Why does my child need a hip spica?

Your child will be in a spica to help keep them in the correct hip position after their operation. The exact operation will be planned by the consultant, following detailed clinical assessment, and will be discussed with you and your child (if appropriate).

Care of your child whilst they are in a spica

Caring for your child whilst they are in a spica 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.

Information about how to turn your child and help them with using the toilet is detailed in the following sections.

Using the toilet

If your child wears nappies or pads you will be shown the 'Double Nappy Technique' (page 6) once they are in the spica. The STEPS DVD explains the process very clearly.

Nappies need to be checked more often than usual and changed as soon as they become wet or soiled, so that the plaster does not become damp or dirty.

If you have been thinking about starting potty training it would be best to delay this until after the spica is removed.

If your child is toilet trained, they may find at first that going to the toilet with a spica is a challenge. They may find it easier to use a bed pan or urine bottle. You can discuss this with the Occupational Therapist at your Pre-Operative Assessment Clinic appointment.

Bed pan



Urine bottle



Commode



Double nappy technique

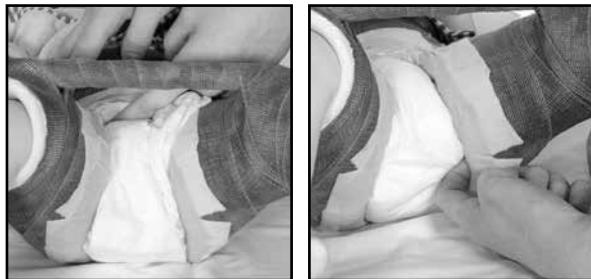
You will need to buy two different sizes of nappy. The first should be slightly smaller than the nappy your child currently wears. The second needs to be about a size 5 or 6, to cover the outside of the spica.

You will need to remove the sticky tab edges of the smaller nappy, to fit it into the spica. They should tear away easily when they are pulled firmly. The nappy area of the spica will have some felt around it. Before your child is discharged, the spica will also be covered with some waterproof tape. You will not need to change the waterproof tape each time you change a nappy, but you will be shown how to replace it, in case it becomes loose. This will help to keep a waterproof barrier around the nappy border.

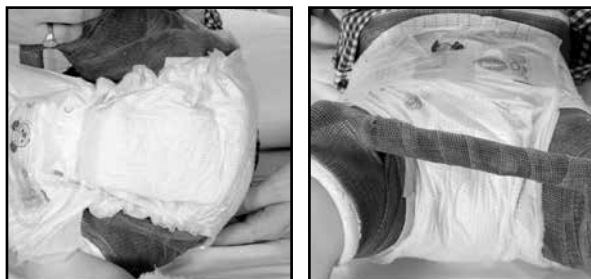
Comfortably place your child on their front. Remove the sticky tab edges of the smaller nappy. Gently squeeze the nappy inside the spica's edges, high up the back and in around the sides.



Place your child on their back and continue to push the nappy high up at the front, ensuring that the whole edge of the nappy area has coverage.



With the smaller nappy fully tucked in, you can now roll your child to apply the larger nappy to the outside of the spica, excluding the 'broomstick' if applicable.



Cast care

This section explains how to care for your child's spica cast. This is very important because the spica cannot be taken off, unless there is an emergency.

Do:

- Encourage your child to keep moving their toes and feet, to help minimise swelling.
- Wring out flannels firmly when washing your child, to avoid getting the cast too wet.
- Keep an eye out for your child getting items lost inside the cast. Previous items found inside the cast during a cast change are rubbers, felt tip pen lids and small pieces of Lego!
- Lift and move your child as shown by the Therapy Team.
- Contact someone (see back of leaflet) if your child complains of numbness in their feet, sudden severe pain or tightness from the cast, or if you notice any swelling, change to the colour of their skin or cracks in the plaster.

Do not:

- Put anything inside the cast, because:
 - scratching* inside could cause irritation which would remain undetected under the cast
 - you could disturb the wound sites
 - lost items could cause areas of pressure which could lead to pressure sores.
- Use a hair dryer to dry out excess moisture or dampness in the spica from washing your child, as they can cause burns.
- Lift your child up from under the arms or by the 'broomstick'

* *Tip: An itchy area can sometimes be relieved by tapping at the itchy point from outside the cast.*

Washing/bathing

Spicas are not waterproof and, as they cannot be removed, your child will only be able to have a wash with a flannel or wet wipes. Depending on the age of your child, you may find that the easiest way of doing this is to lay your child on a bed, on top of a towel, with a waterproof layer underneath. Try using a disposable changing mat or perhaps a bin liner under the towel.

A damp cloth with a small amount of soap can then be used to wash your child's skin. Hair washing can be done in a number of ways; some parents choose to sponge wash younger children's hair or use hair washing trays on the bed. The Occupational Therapist at the Pre-Operative Assessment Clinic can advise you on where to get a hair washing tray. You might want to visit the STEPS website to read alternative methods that people use.



Hair washing tray

Skin inspection

Your child will have restricted movement whilst in their spica, so it is important to check the visible areas of their skin for red or sore areas.

There are certain areas on the body which are more at risk of becoming sore:

1. The nappy area – we strongly recommend that you change their nappy more frequently than normal.
2. Around the feet or knees where the spica finishes on each leg. Joints that bend can rub in places you might not think to look.
3. Around the top of the spica, as movement can lead to rubbing.

Moving your child from one place to another

Transferring into chairs and beds

It is entirely normal to feel anxious about moving and handling your child in a spica. The Occupational Therapy team will work with you to increase your confidence before their discharge home.

Younger children

Prior to leaving hospital you will be shown the best ways in which move and to handle your child whilst they are in their spica.

Key points

- When lifting your child you must always support the spica. NEVER attempt to pick them up from under their arms or by the 'broomstick'.
- Keep your child as close to your body as possible. This will help protect your back and make your child feel safer.
- Remember, the spica is there to protect your child after their surgery. This means you can continue with cuddles without fear of hurting them or causing any damage.

Older children

It may be necessary for your child to be hoisted whilst in the spica. This will be discussed with you and planned by the Occupational Therapy team at your Pre-Operative Assessment Clinic appointment. If necessary, we will liaise with Community Teams to ensure that the correct equipment and support is in place before your child is discharged from hospital.

During your hospital stay the team will teach you how to safely hoist your child. If you already use a hoist and sling at home we will need to check that it is suitable for your child while they are in a spica. If your child uses a wheelchair they will have their positioning checked and adjusted once they are seated.

Buggies

Whether or not your child will be able to be seated in their usual buggy can be difficult to judge before their operation. The position of the spica's final mould needed for the best possible healing will determine whether you can still use your child's buggy. The Occupational Therapist will assess your current buggy at your Pre-Operative Assessment Clinic appointment. They will also help you to seat your child comfortably in the buggy after the operation, if it is still suitable.

Positioning your child into their usual buggy may still be possible if:

- the buggy is reasonably wide with no restrictive front or side bars
- the seat is fairly shallow
- the seat has extendable crotch and shoulder straps
- the backrest can recline (lie back).

Rolled up towels and pillows can be used to fill in any gaps between the cast and the buggy.

If you are considering buying a new buggy you may wish to speak to the Occupational Therapist first or seek further advice from the charity STEPS.

Wheelchairs – for the older child

If your child already has a wheelchair **please bring this to your Pre-Operative Assessment Clinic appointment so that it can be assessed.** As the spica limits how much the hip and the knee joints can move, sitting in what your child feels is a usual position is likely to be impossible. For this reason, using a wheelchair that tilts and reclines is usually helpful. The Occupational Therapy Department may be able to loan a specialist wheelchair with a spica board to older children that are not able to be re-seated in their own wheelchairs.

Car Seat



A child in a spica is unlikely to fit back into their own car seat. The Occupational Therapist will discuss this with you at your child's Pre-Operative Assessment Clinic appointment. A car seat leaflet is available with information about the In Car Safety Centre; this is a UK based shop in Milton Keynes which offers a wide range of children's car seats, special needs seats and accessories.

One option may be to loan or purchase the Britax Two-Way Elite car seat from the In Car Safety Centre. The Nuffield Orthopaedic Centre (with the aid of a donation from Wheelwrights Charity) has purchased some of these car seats to reduce the cost of a 3-4 month rental to £75 (2016 price). The seats are suitable for children in hip braces who weigh between 9kg and 25kg. Please ask the Occupational Therapist about this option.

Alternatively you can choose to buy your own car seat for £220 (2016 price). For further advice you can contact the In Car Safety Centre directly on 01908 220 909 or visit their website: www.incarsafetycentre.co.uk

Please bring your car seat onto the ward after the operation, where the Occupational Therapist will help you practice getting your child comfortable in the seat.

Pressure care and positioning

Whilst in a spica, it is important for your child to change position frequently. This will help to avoid pressure sores and encourage them to join in with play activities.

Whilst in hospital, you will be shown how to position your child lying on their back, side or tummy.

In all these positions, pillows are used to help your child feel safe and secure.

Small pillows or a rolled towel under your child's legs will help to keep their heels and feet off flat surfaces and allows them to freely move around. It is important that your child's feet do not rest directly on the mattress, as this may cause pressure areas.

If red areas appear near the base of their spine or on their heels, your child must stay on their tummy for longer periods of time. When lying on their tummy, place a pillow under their chest and tummy so that their spine is straight.

You could consider using a bean bag as a seat for your child. The bean bag would need to be against a wall or sturdy surface, so that they do not tip back.

Before you leave the hospital, the Orthopaedic team will make sure you are confident with handling and positioning your child correctly.

Seating

Specialist spica chairs

Some companies and charities sell or loan specific spica chairs. There are also some standard chairs, highchairs and seats that can be used by children in hip spicas. There is a useful list of suppliers and equipment on the STEPS charity website: www.steps-charity.org.uk/How-We-Help/caring-for-a-child-in-a-hip-spica.html

We would recommend that you wait until your child has been set in the spica before buying expensive equipment; your Occupational Therapist can give you advice on what may be useful to buy.



Clothes

Clothes can be worn over the spica, though you may have to adapt them. It is a good idea to get some clothes that are one or two sizes bigger than normal, as your child's current clothes may no longer fit. Some parents have found vests with poppers at the gusset to be the most practical; they also help to hold the nappy in place. Since the spica itself is quite warm you will probably only need to dress your child on their top half and feet.

For children who do not use nappies, underwear can be adapted by putting a split down the sides and fastening these with Velcro, poppers or ties. It can be difficult to find trousers which fit, as the spica holds the legs in a frog position. If you search on-line for 'spica clothes' you will see that there are companies that specifically sell clothing, sleeping bags and even snowsuits, which fit over the spica. Alternatively, if you are creative with your needlework it is possible to modify clothes to suit your child's spica.

The final size and position of the spica will not be known until they are in it, so we would recommend waiting until you are home before adapting clothing.

Feeding and diet

Whilst in the spica your child can eat all the things that they normally would. Be careful that they don't eat too much, as they may feel bloated and uncomfortable whilst in the spica. Eating smaller meals more regularly can help to avoid this. Make sure they have plenty of fluids, fresh fruit and vegetables, to prevent constipation and promote healing. Contact your GP if your child becomes constipated and uncomfortable.

Tip: use a bib, apron or tea towel tucked into the top of your child's clothes when they are eating, to try and prevent crumbs falling inside their spica.

If you are still breastfeeding your child you can continue whilst your child is in a spica, although you will need to experiment to find a good position in which to do so. Pillows can be used to make this more comfortable for you both.

You will need to experiment to try and find the best position in which to seat your child for mealtimes. You may decide to buy a spica-friendly highchair or seat, which they can sit in at the table, or you might want to feed them whilst they are sitting in their buggy or wheelchair or bean bag. Make sure that you position them as upright as is possible, in order to aid their digestion.

You may want to try positioning the buggy/chair under the dining table (if it fits), or you can buy a padded lap tray so they can sit next to the family at mealtimes. This will encourage independence and normal interaction with the family.

Play

Play is an essential part of your child's development and should be actively encouraged. Crawling, standing and walking should be avoided in the first few weeks (the spica will restrict some of this movement anyway).

You can adapt the types of play and activities to things that your child will be able to manage more easily when sitting. Parents often say how surprised they are at how quickly their child adjusts to being in a spica.

Tip: toys should be placed close to your child, so they don't injure themselves trying to reach for them. Changes of scenery may help to keep them entertained; we encourage you to move them around and return to your usual routine as much as possible.

Leaving hospital

Travelling home

You will need to ensure that your child has the correct car seat and restraints to travel home from hospital safely when they are in the hip spica.

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

If you feel that you need hospital transport, please discuss this with your child's nurse as soon as possible.

If you already use wheelchair accessible transport please bear in mind that you may need to allow for more leg room, as there will either be elevated leg rests or a spica board to support your child's legs.

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, especially with rear facing car seats.

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 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**.

Financial support

You may be entitled to financial help from a Disabled Living Allowance (DLA) for children under the age of 16. You may also be eligible for higher level Tax Credits. Speak to the Department for Work and Pensions (DWP) for more information.

Removal of the spica

Three months after surgery

In order to check if your child's hip surgery is healing well, their spica will need to be split in the plaster room. An X-ray will be taken, which is then checked by the Orthopaedic doctors. If the X-ray shows that everything is healing correctly, the spica will be completely removed on the Day Care ward by the nurses. The Physiotherapist will then check your child's leg movements and show you some simple exercises. They will also give you advice on how you can encourage their crawling, standing and walking.

For the first couple of days after the removal of the spica your child may have aching legs, especially if they were very active when the spica was first removed. Rest and pain relief will help. Put them in a position where they will be less active for a while, for instance, strapped into their pushchair.

Precautions

Avoid bringing your child's knees up towards their chest or pushing their legs inwards (the movements the spica has prevented them from doing). Both can be accidentally done when lifting your child from the side or when changing a nappy.

Care must be taken with bending their knees too much for the first few days, for example, when your child is crawling, standing and walking. Your child may become upset with pain if their knee is bent too far. During these activities keep your hand on their bottom. This will help stop them from bending their knee too far if they were to sit back on their heels suddenly when crawling or drop to the floor from standing.

Exercise

Play is the best exercise for children. Once your child is free of the spica, it is important to encourage them to crawl or walk over to toys, or to stand and play. Your child's muscles will gradually strengthen and they will regain their hip and knee movement. Toys, such as ride-on cars, are ideal for holding a good hip position whilst working their legs and also protects them from bending their knee too far.

As long as their wounds are clean, dry and healing well, you can take your child swimming. This is good exercise, as your child will freely move their legs and work their muscles at the same time.

Useful contact details

Nuffield Orthopaedic Centre (NOC)

Windmill Road
Headington
Oxford
OX3 7LD
Tel: 0300 304 7777
www.ouh.nhs.uk

Paediatric Physiotherapy, NOC

01865 738 087

Paediatric Physiotherapy, Oxford Children's Hospital

01865 231 999

Paediatric Occupational Therapy, Oxford Children's Hospital

01865 234 001

Paediatric Orthopaedic Nurse Specialist

01865 234 992

Paediatric Outpatients

01865 738 296

Ronald McDonald Parent Accommodation

01865 234 274

Patient Advice Liaison Services (PALS)

01865 738 126

If you have a specific requirement, need an interpreter, a document in Easy Read, another language, large print, Braille or audio version, please call **01865 221 473** or email **PALSJR@ouh.nhs.uk**

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