

Information Leaflet for Parents/Carers

Caring for a child in a Hip Spica



A hip spica is a special plaster that is designed to hold a child's hips or bones in a set position, in order for them to heal in the correct position.

The aim of this booklet is to provide practical advice that will help you care for your child whilst they are in a hip spica. Caring for a child in a hip spica can be physically and emotionally demanding.

It is important that other people caring for your child also know how to care for them properly. Please share the information in this booklet with them. Alternatively, this booklet will be available to view online at the BCH website.

Fitting a Hip Spica

Acute disseminated encephalomyelitis is a rare inflammatory condition that affects the brain, spinal cord, and optic nerves. It often follows on from a minor infection, such as a cold, and is a result of the immune system getting confused, causing immune cells to attack the covering of the nerves themselves. This covering is called myelin.

Your child's hip spica will be fitted under general anaesthetic, in order to ensure the correct position of the limb. The hip spica is a cast that will usually cover your child's affected leg down to the ankle, and their non-affected leg to the knee. However this will depend on the specific situation.

Children usually have a hip spica after they have fractured their femur or had surgery on their hip or leg. The hip spica immobilizes their broken bone or hip so it can heal.

The cast will extend above your child's hip to their abdomen to enable full support around the upper leg and hip area. An area is cut around the groin area to enable nappy cares and toileting. The hip spica can seem quite big

and bulky, but it has to be like this to hold the bones in place.

Whilst your child is in a hip spica, they will not be able to walk, as their legs will be immobilized by the cast.

The following sections cover various aspects of how to care for child while they are in their hip spica.

Wound care

When your child returns from theatre, they may have a small wound in their groin as part of the surgical procedure, which will be protected by a small dressing. The dressing should be left in place for up to 5 days. However, if it becomes loose it can be removed. If the wound area looks clean and dry, you can then apply another dressing. You will be shown how to change the dressing at home by your nurse before discharge. If the dressing requires changing at home, we will have provided you with additional dressings.

If you notice that the wound area is red or oozing, then please contact Ward 5 for advice (see the Further Information section at the end of this leaflet). If the wound is fully healed, then another dressing is not necessary.

Hygiene Needs

Your child's hip spica must stay dry at all times. Therefore your child will not be able to shower or bath for the time that they are in their spica.

- To maintain your child's hygiene needs, you should give your child daily sponge baths.
- When washing your child's skin, thoroughly check your child's skin for any redness, sores or blisters, as these can cause them great discomfort and can be very distressing. Pay particular attention to areas that meet the edge of the plaster, as these are the areas that are most likely to rub, e.g; under the arms and behind the knee. of the non affected leg (where the cast will not be full length). If you

are concerned, please call Ward 5 for any advice (see the further information section for contact details)..

- Check regularly that your child has not placed small toys or food inside their spica, as this can result in pressure sores (where constant pressure against the skin stops the blood flow and causes the skin to become damaged).
- Barrier cream (such as sudocrem) can be applied to your child's skin. The use of talcum powder is not recommended.
- Keep your child's nails short, as this will ensure that they cannot scratch the skin inside their cast.
- Hair washing can be a difficult task, and usually requires two people. Washing your child's hair can be done over a bowl or sink whilst your child is fully supported, ensuring that the cast does not become wet.

What to do if the cast becomes wet

If your child's cast becomes wet, please contact the Hospital's Plaster Room as soon as possible (see the Further Information section). Do not attempt to dry the cast with a hairdryer, as this can also cause burns to the skin.

Clothing

- Clothes should be worn over the cast to keep your child warm and comfortable. You may find that your child needs a larger size of clothes to fit over the cast. Many parents adapt clothes by attaching Velcro or poppers to side seams, as this can make it easier to dress your child.
- Your child's feet can often become cold because they aren't able to move around. Therefore they should wear socks to keep their feet warm. Again, these may need to be a size bigger.



Positioning

Once the hip spica has been applied, you will find that your child is much heavier than usual. This is due to the padding and scotch cast used to form the spica. It may take some time to adapt to the increase your child's weight.

Sitting

- The hip spica usually finishes above your child's waist level. This means that they will not be able to fit in a standard chair. You might want to consider buying or borrowing a beanbag. Beanbags are very useful, as they mould around your child and the hip spica cast, providing support and comfort. However it is important that your child is not left unattended in the beanbag, and they should never use the beanbag to sleep on.
- Positioning and moving about
- It is very important that you change your child's position every 2-3 hours when they are awake to relieve the pressure on your child's skin. You should also turn them once when they are sleeping. This will also give your child the opportunity to do different activities like playing, watching TV, and sleeping. It is important that your child spends time on their front.
- When turning your child, turn them onto their unaffected side as this is the most comfortable way, and there is no direct pressure on their wound or fracture.

- When positioning your child, please ensure that their toes and heels are not resting on hard surfaces, as this may cause redness or sores.
- Be aware of your own posture when moving your child. Bending your knees and keeping your back straight will help to prevent injuries to yourself.
- When picking up your child, please avoid lifting directly under their arms as this can cause soreness due to continued pressure.
- Do not position your child next to fires or radiators as the heat can be transferred through the cast and cause burns
- Remember not to position your child in direct sunlight on warm days
- Your child might have a broomstick cast, which is where their legs are in full length casts, joined around the knee area by a piece of wood. This is to immobilise the legs whilst in the casts. If this is the case, please do not use the broomstick as a handle when moving your child, as this will weaken and damage the cast. Instead, move your child as if they had a regular cast, without a broomstick.

Pushchairs

- Please bring your child's pushchair to the hospital as soon as they are fitted with the spica as this will allow the physio and nursing staff to ensure that your child fits into it safely before going home.
- Your child may not fit into their regular pushchair, so it might be useful to borrow/swap for one that has no sides due to the width of the cast.
- Whichever type of pushchair is used, it is important to make sure that your child is always strapped in securely. You will also need to have a rain cover for the pushchair in case it is raining, to keep the cast dry.



Pain Relief

When it is time for your child to leave hospital, you will be given pain killers to take home. The nurse will explain how and when to give these medicines to your child. They will need to be given regular painkillers to ensure that they are comfortable.

If you feel that the pain medicines are not controlling your child's pain, then please seek advice, from either your GP or Ward 5 (see the Further Information section for the Ward's contact details).

Toileting

If your child is potty or toilet trained then they may continue to use the toilet/potty. Please bear in mind that your child will need to be supported whilst doing this. If your bathroom is situated on the first floor of your home, your child may find it difficult to use the toilet whilst in a hip spica. Whilst in hospital, your child will need to be assessed by an Occupational Therapist, who can advise on the best ways for your child to go to the toilet. If needed, they can provide toileting aids for use at home, such as urinals and bed pans. They may also need to carry out an assessment about using toilets/potties, prior to going home.

Nappy care

If your child is in nappies, the nurses on the ward will show you how to change your child's nappy.

More frequent nappy changes will be required when caring for your child in a hip spica. It is essential that their skin does not become sore or the cast wet. If this does occur, please contact the Plaster room as soon as possible (see the Further Information section). To minimise the risk of this occurring, please check the nappy every 2-3 hours.

Your child's nappies also need to be checked throughout the night.

Two nappies should be worn. Please bear in mind that your child will need two different sizes of nappies. The smaller nappy must be tucked in between your child's skin and the spica, to ensure that urine is not absorbed into the cast.

The larger nappy will be used around the cast to secure the inner nappy and catch any leakages.

Sanitary pads could be placed in the smaller nappy at bedtime. This allows for greater absorption and protection against the nappy leaking overnight.

To change your child's nappy, first position them onto their front, remove the old nappy, and once nappy area care has been carried out, tuck the smaller nappy in between your child's skin and the hip spica. Once this is done, you can turn your child over and tuck the nappy in at the front. Whilst tucking in the nappy, please check that the inside of the spica is dry. If you're unsure about how to do this, please ask a nurse on the ward to show you.

Please note that your GP cannot provide nappies when you are discharged home.

Diet and Feeding

- Whilst your child is in a hip spica it is important to maintain a healthy diet. This will encourage healing and prevent constipation. Constipation can be avoided by giving your child plenty of fresh fruit and vegetables, fibre and fluids every day. However, remember that too much fibre and fruit can result in diarrhoea.
- During hip spica application, a gap is left around the abdominal area to allow your child's tummy to expand after they eat. However, large meals should still be avoided, as they can make your child feel bloated and uncomfortable. Smaller meals are recommended.
- During meals, a bib or T shirt should be used to help prevent food falling into the cast.
- If you are breast or bottle feeding your child, this can continue. Please remember to make sure that your child is fully supported during feeding.
- Often children in hip spicas cannot fit into their high chairs. We advise that you sit your child upright at mealtimes. Using pillows and/or a beanbag can help to achieve a good sitting position. Your child may also sit in the pushchair for feeding.
- If your child vomits, you will immediately need to turn your child onto their side (it doesn't matter which side they are turned to), as this will enable them to clear their mouth of vomit.



Rearranging your home

We recommend that children remain downstairs whilst they have their plaster on. For children over 2 years of age, we suggest that, if possible, a suitable bed is located on the ground floor before your child's hospital admission.

Try and make sure your house is kept tidy and free from clutter to avoid your child tripping, as well as reorganising furniture to ensure there is enough space for your child to move about safely.

Travelling

It is very important that your child can get out and about. However, if you live in a flat without a lift, this may not be possible and you may wish to temporarily stay with friends/family if possible, rather than remaining indoors, as carrying your child up and down multiple stairs in a hip spica may be unsafe.

Before you are discharged home an occupational therapist will assess your car seat and pushchair to check whether this is safe for your child to be discharged with.

If it is not safe, you will require hospital transport home. Staff on the Ward will organise this for you.

Specialist equipment cannot always be provided by the hospital, and we are unable to loan car seats. However certain charities should be able to provide more information about specialist equipment. Contact details are listed at the back of this leaflet.

Family Life

Sleeping

- When positioning your child for bed, it often helps if they are propped up (with their head higher than their feet), as this helps urine to drain away from the body, and helps keep the cast dry. You can do this by raising the head of the mattress using a pillow.
- it is advised that you limit the amount of fluids that your child has prior to bedtime.
- Your child can sleep in their cot or bed, but please ensure that he/she is positioned safely as advised by your nurse on discharge.

School/Nursery

Your child may or may not be able to go to school or nursery when in a hip spica. We advise that you contact your child's school before surgery to discuss attendance. If attendance is not possible, your child's school may be able to send work home or arrange for home teaching or study. For further information, please ask the child's school teacher or the Ward 5 based teachers.

Due to your child's reduced mobility, they may become bored and frustrated easily, demanding more of your attention. When planning trips out, please bear in mind that you may need extra help and support, especially if you have other children.

It is also important to allow extra time to attend to your child's needs, and get help from other family members or friends.

Things to look out for

Contact Ward 5 if:

- The cast becomes loose, cracked or broken.
- If your child's toes are blue or are cold to touch.
- if the swelling in your child's toes has increased since leaving hospital.
- If your child complains of pins and needles or numbness for a prolonged period.
- If the wound oozes or there is wetness beneath the cast.
- If the cast begins to smell.
- If the cast becomes too tight, or your child develops sore or broken areas of their skin.

Useful Charities

STEPS National Association For Children with Lower Limb Abnormalities

Phone: 01925 757 524

Email: info@steps-charity.org.uk

Website: www.steps-charity.org.uk

Address: Warrington Lane, Lymm, Cheshire WA 13 OSA

STEPS is a charity that provides further information about looking after a child in a hip spica cast. They provide practical advice and emotional support and can signpost you to many different organisations that provide specialist equipment

Contact a Family

Freephone helpline – 0808 808 3555

Website www.cafamily.org.uk

www.makingcontact.org.uk

Contact a Family provides information and support to families needing extra help because of their child's condition or disability.

Contact a family can give information and advice on many topics including equipment, financial support, transport and employment issues.

Looking after and sharing information about your child

We have a duty of care to help patients and families understand how information about them is kept and shared and we include the following information in all our patient leaflets:

Information is collected about patients relevant to their diagnosis, treatment and care. We store it in written records and electronically on computer. As a necessary part of that care and treatment we may have to share some patient information with other people and organisations who are either responsible or directly involved in the patient's care. This may involve taking the patient's information off site. We may also have to share some information for other purposes; such as research etc. Any information that is shared in this way will not identify the patient unless we have the patient's and parent's/carer's consent. If you have any questions and/or do not want us to share that information with others, please talk to the people looking after your child or contact PALS (Patient Advice and Liaison Service) on 0121 333 8403.

Further Information

If you have any further questions or concerns about managing your child at home, please contact the Occupational Therapy department or Ward 5 (contact details below). If your child's cast becomes wet, or you have any other concerns about your child's cast, please contact the Hospital's Plaster Room:

Occupational Therapy: **0121 333 9490**

Ward 5: **0121 333 9032:**

Plaster Room: **0121 333 9346 (Mon-Fri 9.00am-5.00pm)**

This leaflet has been produced by Ward 5, Occupational therapists, and the Orthopaedic department at Birmingham Children's Hospital.

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© CPADS 52478/16
Produced: Sep 2016
Review Date: Sep 2020
Version 1.0.0

