Paediatric Orthopaedics

Neuromuscular Hip Reconstruction – Information about surgery

This information sheet has been prepared to help you understand the operation, the expected course whilst your child is in hospital and the rehabilitation and recovery process following the operation.

Hip reconstruction surgery involves the realignment of the thigh bone (femoral osteotomy), hip socket (pelvic osteotomy) or both, to correct specific bony mal-alignments and to restore the normal anatomy of the hip in order to put the hip back in its joint and make sure it is stable. Sometimes it is necessary to release a tendon in the groin called the adductor tendon (adductor tenotomy). The surgery is performed through a cut (incision) in the groin.

The short term goal for having the surgery is to reduce the amount of pain and improve the position of the head of the thigh bone in the socket. The long-term goal would be to improve function.

After surgery is completed, a hip spica cast is applied to hold the leg in a position where the hip joint is most stable and to allow bony healing to take place at the osteotomy sites. If both hips are affected then the operation may be staged, so one hip is reconstructed and a hip spica is applied for four to six weeks. The other hip is reconstructed and a hip spica applied for a further six weeks.

Alternatively both hips may be reconstructed at the same time. Due to the different degrees of severity of the problem leading to surgery, the type of surgery and the aftercare will vary between patients. The information on this sheet is therefore for guidance only and you will need to discuss your case individually with the consultant and physiotherapist.

Care of your child in a hip spica

What is a hip spica?

A hip spica is a plaster cast that extends from the child’s waist, around the pelvis and usually down to the ankle on the side of the operation. On the non-operated side the cast may only extend to just above the knee. It will have an opening for toileting purposes.
Toileting
The plaster needs to be kept as clean and dry as possible in order to prevent your child from getting sore. A ‘letterbox’ opening is cut around the bottom to allow your child to go to the toilet. We recommend using disposable nappies as they are generally more absorbent and cutting out the pad of the nappy and tucking this within the letterbox to absorb any soiling. A larger size nappy can then be placed over the top, around the outside of the plaster. The nappies will need checking more frequently than normal to make sure they don’t leak.

Equipment/mobility
Your child will have specific seating requirements in a hip spica, due to the width and shape of the cast. Your child will not be able to sit fully upright as the cast starts above the waist and so will therefore need a reclining chair with elevated leg rests for safe support. Your child’s community occupational therapist (OT) and physiotherapist will make arrangements early on to provide you with the appropriate seating. You may find that the same buggy you already have may be suitable. Big bean bags and cushions are also useful at home for your child to lie on as they mould to the position the child is in.

Lifting
Your child’s O.T or physiotherapist will teach you lifting techniques and get the right equipment for you to lift your child safely. If you use a hoist for transfers, then a spreader bar and possibly a different sling may be required. They will be heavier and more awkward to lift than usual, so care must be taken to protect your own back.

Clothes
You may have to adapt some clothes to fit around the spica, such as pants and shorts. Try cutting down one side and fitting Velcro or ties, loose dresses, skirts and jogging bottoms are useful.

Bathing
You cannot bath your child when in a cast. Strip washing with a damp sponge or flannel is recommended for cleanliness.

Positioning
It is important that your child is well positioned to avoid discomfort and pressure sores developing whilst in the hip spica. Areas that are most vulnerable are the spine, ankles and heels. Check these areas regularly and make sure that your child changes position frequently. Also try to lift pressure off your child’s heels by using pillows under the legs. If your child is unhappy, in pain or if there is any staining on
the plaster, this may indicate a sore underneath the plaster, which cannot be seen. In this instance you need to contact the plaster room (number shown below).

**Pain**

The doctors and nurses will make sure that your child is kept as comfortable as possible throughout his/her treatment. Pain can be managed in several ways; medication, distraction, or gentle massage. If your child is in pain, please talk to your nurse.

**Hospital stay**

Your child will probably be in hospital for a few days until the team is happy that all transfers can take place safely, the pain is well controlled and that any additional equipment that is needed for home is in place.

**Broomsticks**

After six weeks in a hip spica, you will come back into hospital for an examination under anaesthetic and change of plaster to broomstick casts for a further six weeks. Broomstick casts start from the top of the thighs and extend down the legs to the ankles. There is a bar just above the knee which holds the legs apart still but allows for the child to bend a little at the waist and hips.

An appointment will be made to have a clinic review after six weeks in the broomsticks. You will have an X-ray to check the healing and position of the hip and if all is well then go to the plaster room to have conversion of the broomstick cast to a removable brace. Over the next four to six weeks the child is then slowly weaned out of the brace, initially only having it off for an hour to have a bath and do some exercises, then gradually increasing the time out of the brace, removing it at night time as the final step. To begin with your child may be reluctant to move their legs, having been kept still for so long. It is a case of waking up the muscles, tendons and joints reminding them that they can move. Initially when the cast is removed the child’s legs should be supported at all times to avoid sudden movements or spasms. Your physiotherapist will be working with you and your child to gradually return them to normal activities such as weight bearing and hydrotherapy.

**Useful contact numbers**

The consultants secretary: Tel: 01223 216854 (or ext 2854)
The physiotherapists: Tel: 01223 216633 (or ext 2633)
The plaster room: Tel: 01223 217772 (or ext 3772)
National Support Group:
STEPS – The National Association for Children with Lower Limb Abnormalities,
Lymm Court, 11 Eagle Brow, Lymm, Cheshire, WA13 OLP
Website: www.steps-charity.org.uk

In Car Safety Centre: (Britax Nordic Car Seat, for hire or purchase)
Tel 01908 220909  Website: www.incarsafetycentre.co.uk

Privacy & Dignity
Same sex bays and bathrooms are offered in all wards except critical care and
theatre recovery areas where the use of high-tech equipment and/or specialist one
to one care is required.

We are currently working towards a smoke free site. Smoking is only
permitted in the designated smoking areas.

For advice and support in quitting, contact your GP or the free NHS stop
smoking helpline on 0800 169 0 169

Help with this leaflet:
If you would like this information in another language, large print
or audio format, please ask the department to contact
Patient Information: 01223 216032 or
patient.information@addenbrookes.nhs.uk

Document history
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