

## Hip spica

### Introduction

You will have participated in your child's care whilst in hospital and the following guidelines provide specific information about how to continue with care over the coming weeks or months.

Your child will go home from the hospital in a hip spica cast. Coping with a hip spica may at first appear to be difficult but your child will become used to it quickly.

Both the cast and your child will require special care whilst the cast is in place. The instructions from your surgeon, and those in this sheet should be followed to assure your child's maximum comfort and safety.

Cast care is important not only for the general welfare of your child, but also for the prevention of sores caused by irritation and pressure of the cast against the skin. Close observation is needed to check for cast tightness and circulatory changes caused by swelling or by the normal growth process.

Individuals providing care to your child, such as other family members or babysitters, should also be given these instructions to ensure your child's comfort and safety.

### Useful guidelines for your child's recovery at home

#### Lifting and handling

- When lifting your child, it is important to support them and the weight of the plaster. Do not lift them under the arms without supporting the plaster as well.
- Keep your child as close as possible to your own body when picking them up. This helps prevent straining your back and helps make your child feel secure.
- A small child can be cuddled in the same way as before they went into plaster without fear of hurting them
- Older children in hip spicas can be very heavy and equipment may be required to help (e.g. hoists)
- If you have any concerns about lifting your child or concerns about the amount of support you have at home, please discuss these with your nurse prior to discharge
- **Do not** use the cross bar to lift or move your child

#### Clothing

- Your child may need to wear larger clothing so it can fit over the hip spica. Larger, longer tops or dresses work well.

- Smaller children may only need a t-shirt or jumper and socks. Pull the socks up over the plaster so they are not tight around the ankles.
- Older children can wear underwear and pants that have been altered with Velcro®, press-studs or ties on the sides to fit over the plaster

#### Entertainment

Your child will adjust to being in a hip spica very quickly and should continue with their regular routines.

- Toys should be placed within easy reach
- Frequent scenery changes will help with boredom
- Some older babies will probably work out how to commando crawl. They will need some padding on their knees to protect the plaster.

#### Transportation

- Your child may be transported in a pram if the cast size allows. For the larger child, a reclining wheelchair with elevated leg rests may also be used. Remember to use proper safety measures at all times (seat belts, and safety straps as appropriate for age and size).
- For child restraint car seats, an extension strap may be required. It is illegal for your child to travel in a car unrestrained.
- The nurse will fit your child to your car seat and pram prior to discharge to ensure comfort and safety. **Please bring your car seat, booster seat and pram up to the ward prior to discharge so that your child can be fitted into them as early as possible.**
- The hospital staff cannot fit the seat back into your car – you will be required to do this

#### Positioning and turning

- Your child must be positioned properly and turned regularly to prevent skin problems and to provide maximum comfort
- Position your child with their head and upper body elevated at all times. This allows for better positioning of the hips down in the cast and allows gravity to pull urine/stool away from the cast.
- Be sure to maintain cast alignment with your child's hips and shoulder blades
- Reposition your child on pillows every two to four hours including night time hours. Turn your child from side to side, on their back, or on their stomach.

## PAEDIATRIC DISCHARGE INFORMATION

- Make sure the cast is not too tight at the waist or chest
- Heels should be free of pressure when your child is on their back. Protect the toes from touching the mattress when your child is on their stomach by placing a pillow or rolled towel beneath the ankle.
- When turning your child, encourage him/her to keep arms extended above the head.
- In some instances, a wooden crossbar is placed between the legs of the cast and incorporated into the cast with plaster when the cast is applied. The purpose of the crossbar is to stabilize the legs. **Do not** use the crossbar to turn your child, as it may break off.

### Cast and skin care

It is **very important** to keep the cast as clean and dry as possible. It is not waterproof.

- Check carefully beneath the cast edges morning and evening for skin irritation, redness, blistering, open or draining areas, or pressure spots. A flashlight may be helpful.
- Observe the cast for cracks, dents, softening, increasing tightness or looseness, or drainage on the cast
- Do not permit your child to poke crayons, small toys, or other small objects beneath the cast edges as they may cause pressure areas or skin breakdown
- Before leaving hospital, the edges of the cast will have been covered in a waterproof tape called 'sleek'. This tape will need to be replaced if it lifts off, otherwise skin irritation and odour problems can occur.

### Toileting and nappies

- You will need to purchase sanitary pads or newborn nappies. These will be inserted into the hole in the hip spica to catch the urine and bowel actions. Another larger nappy (one to two sizes larger than usual) will then need to be put over the top of the spica.
- The newborn nappy/pad will need to be changed very regularly (every two hours during the day and three hours at night), or as soon as they are wet or soiled, to avoid absorption of moisture by the plaster
- Older children can use a urine bottle or be lifted onto the toilet, making sure they are sitting as upright as possible so that the urine and faeces do not run back inside the plaster
- If your child has loose bowel motions or if you are having trouble keeping the urine from running under the plaster, cotton wadding can be used around the toileting area to help stop this



- If the plaster does become wet or soiled, try leaving their nappy off for a while to air dry, or using a hair dryer **on a cool setting only** to completely dry the cast. The hairdryer should be 20-30cm away from the area being dried and should not come in contact with the skin.

### Bathing and hair washing

- Washing your child in a hip spica is done by using a bowl of warm soapy water and a face washer (a sponge bath). You can place your child on a towel on top of a change table or a bed.
- Using a damp cloth, reach under the cast edges to remove plaster crumbs, food particles etc.
- Hair washing can be done holding your child over the edge of a sink or bath with a jug. You will find it easier with the help of a second person, one to hold the child while the other washes the hair.
- Always make sure the plaster stays dry when bathing and washing hair

### Eating and drinking

- Breastfed infants can and should continue to breastfeed. You may need to experiment with different positions to find one that suits you best, remembering to use pillows to support the weight of the cast.
- If your child is eating solids they may need to eat smaller meals more frequently, because the plaster may be tighter around the stomach
- You should sit your child as upright as possible when eating. The pram, wheelchair or on a bean-bag are suitable, as high chairs are generally not wide enough.
- Be sure to cover the plaster with a large t-shirt or towel and drink from a closed cup to prevent food and drink from going down the plaster
- Avoid any fruit juices or foods which may cause loose stools or diarrhoea. The first few weeks after surgery may not be the time to introduce new foods to child's diet.
- Encourage plenty of fruit, vegetables and fluids to help prevent constipation and to promote healing

### Medications

- Continue taking regular pain relief as needed
- Paracetamol, can be taken four to six hourly but no more than four times in a 24 hour period. This may be required for a few days.
- Do not take aspirin

## PAEDIATRIC DISCHARGE INFORMATION

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### Follow-up

Please contact your surgeon's rooms to organise a follow-up appointment, if you don't already have one.

### When to contact your surgeon

Please contact your surgeon if your child if:

- You notice any sores or blisters on the skin under the edges of the cast
- Your child has a persistent high temperature greater than 38.5°C which cannot be explained by a cold, ear infection or other illness
- There are cracks, breaks or softening of the plaster
- Your child's toes are dusky or grey in colour, swollen, very hot or very cold, numb or tingling
- There is an unusual odour/smell from the plaster which cannot be explained by soiling
- The cast has become too tight or wet
- Your child's pain is not relieved by regular pain relief

### A note before you leave the hospital

Please report to the reception desk in the foyer of the hospital before leaving to finalise any administrative paperwork.

### Questions

If you have any questions or concerns, please don't hesitate to contact your discharge ward on the number below.