

Hip Spica

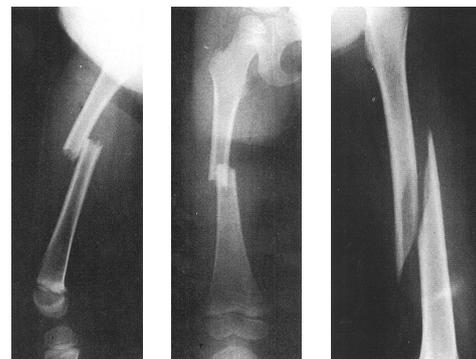
Patient information - Orthopaedic & Paediatric Departments



Hip spica is a type of cast that goes from the waist to the ankles, with a gap around the groin area for toileting.

Reasons for Use

It is used to hold hips in position following surgery for Developmental Dysplasia of the Hip (DDH) which can cause dislocation of the hip. It can also be used to immobilise fractured (broken) femurs (thigh bones), so that the children do not need to remain in traction in hospital.



For hip dislocation, the legs are usually plastered quite widely apart.

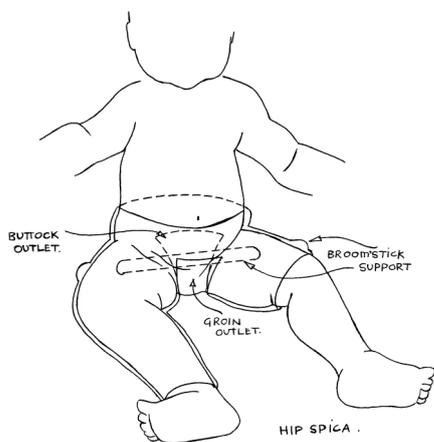


In both conditions, the affected side has the leg plastered to the ankle, but the unaffected side may only have the cast to above the knee. There is a stick incorporated into the cast, that sits between the thighs/knees. This allows for stability of the cast to ensure the limb remains in the correct position.

The plaster is applied when the child is under a general anaesthetic in theatre. A nurse from Orthopaedic Outpatient Department goes up to theatre to assist the doctor with the application of the cast. Padding, plaster and fibreglass are applied. You and your child are given the opportunity to choose a colour for the fibreglass before going to theatre.

Plaster Care

The hip spica cannot get wet. Prior to discharge, the nurses in the ward may tape around the groin areas to help prevent the cast from getting too soiled. Your child will be nursed on pillows initially while the cast dries. Read the Care of the Cast Information pamphlet carefully.



Positioning

Until surgery is complete and your child is placed in a hip spica (hereafter known as spica) it will not be known exactly what position your child will be in.

However, most children who have Developmental Dysplasia of the Hip (DDH) will have the legs widely splayed and with slight flexion at the hips. Children who have a fracture are frequently not as wide as children with DDH and may have less or more bend at the hips depending on what is required to position the fracture well for optimal healing.

Most children will require a pillow under the backs of their legs when lying on their back to ensure the spica doesn't push into their back.

When lying on their stomach, most children will require a pillow under the chest to prevent spica pushing into their chest.

It is important that children have "tummy time" even if they are older as this allows the pressure on their back and bottom to be relieved.



Turning

Your child should be turned a minimum of every four hours (more often is preferable).

The nursing staff or Occupational Therapist can demonstrate the easiest methods of doing this and show you how to use pillows effectively to maintain positions during your child's admission.

During the day you can position your child in his/her buggy (or wheelchair if required), but your child will need to be moved out of a sitting position at least every four hours (more often is preferable).

You can give your child "tummy time", lay him/her on the bed or couch, sit him/her up with supervision on a couch or large easy chair, or use a bean bag which will mould to your child's shape. You can also hold your child on your lap and cuddle your child—this is very important.

It is important to check occasionally that there is enough room to run a finger around the top of the spica with ease to ensure it is not putting too much pressure on your child's abdomen or back.

Toileting

If your child is still in nappies you can continue to use these, however, you may need a larger size. You can purchase nappies from the Nurse Maude Association at a lower cost than in the supermarket for the duration that your child is in the spica.

It is also useful to use an infant sized nappy with the 'tabs' trimmed off and tucked up the front and back of the spica to help catch waste products. If this system is used, the outer nappy may not require replacing every change. If your child passes more urine than an infant sized nappy will hold, you may need to consider using a smaller sized continence pad (not a sanitary pad) under the nappy.

Additionally, if your child is older, or too big for a standard nappy but still requires nappies, a continence nappy may be used in addition to the continence pad.

Your child may not be able to sit on a toilet during the time he/she is in a spica. If your child was using the toilet before going into the spica and nappies are not appropriate to use, you can use a slipper pan for girls. For boys, you can trial a bedpan and urinal bottle. Occasionally a commode chair can be successfully used.

Washing

It is important to try and keep spica dry at all times. The nursing staff will happily demonstrate how to sponge wash your child during their admission. However, it is useful to place a plastic bag and towel under the child while giving a sponge wash.

Hair washing

Below are a couple of methods to trial but are not the only options:

1. If your child is small enough, you can place him/her on a plastic bag or towel covered pillow on the kitchen bench with the head over the sink and wash his/her hair down into the sink.
2. If your child is too big for Option 1, or you choose not to use this option, you can place your child across or down the bed with his/her head hanging over the side or end of the bed and wash the hair down into a basin/bucket.

Both options ALWAYS require two people—one to hold the child and the other to wash the hair.

Cleaning around the groin

To keep your child's groin clean, use wet wipes (make sure they are damp only—NOT WET) or use damp, warm flannels (NOT WET).

You may also be able to purchase long handled swabs (like a large cotton bud) to clean up any significant soiling if it gets up under the cast.



At times the cast may get soiled slightly. If it is minimal, you can use a wet wipe to clean this off or wipe inside. If at any stage however, the cast gets wet or significantly soiled and you are concerned, you can phone the Orthopaedic Outpatient Department on the numbers provided.

Dressing



Due to the size and shape of a spica, lower limb dressing can be difficult. If your child is female, it is advisable to use skirts with adapted knickers (if nappies are not suitable).

For males, you can either use blankets, altered underwear or you can adapt pants to go over/around the spica.

You can also place knee-length socks on if the cast allows or small socks to keep toes warm. In the initial stages, shoes are not recommended as there may be swelling in the toes and feet.

To alter trousers to allow for the bar across the upper thighs follow the steps below:

1. Open the trousers right down the outside seams of both legs.
2. Cut across the front sections of both trouser legs to the inside seams at the point the bar comes across.
3. Attach Velcro at appropriate intervals with a "hook" and "loop" pieces on opposite sides so that they attach together.

By doing this you will have a front section of the trousers which can be pulled through between the child's groin and the bar and secured to the back layer of the trousers at the outside seams.



You can alter underwear in the same manner with Velcro and they would appear when cut and folded out to look like the same shape as nappies. Just remember to buy bigger sized underwear to accommodate the width of cast around the child's abdomen.

Feeding

If you are breastfeeding your child, you can continue to do this but may require additional support, e.g.. pillows to position your child comfortably.

If your child is eating solids, or is an older child, he/she can be fed or feed him/her sitting in bed, on a couch or chair, or in a beanbag.

Play

It is very important that your child continues to engage in developmentally appropriate play. This may require more input than usual from parent(s), sibling(s), extended family/whanau and friends, as your child will not be independently mobile and will therefore require toys, games, etc. to be brought to them.

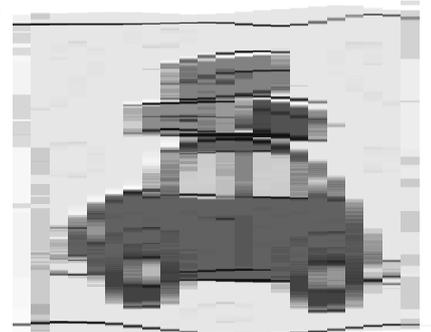
If your child attends a day care/pre school/kindergarten or is at school, it is a good idea to take them to see friends and engage in appropriate activities in this setting if you are able.

Remember that the cast must not get wet and should not have anything put down inside it, e.g.. sand, play-dough, paint, toys, food, etc. as this can harm both the child's skin and the cast and could create a pressure area within the cast. It is also important to keep in mind, issues around toileting if you are taking your child out anywhere.

Transport

If your child was using a car seat prior to surgery, the car seat will need to be assessed to determine if it is appropriate for use while the spica is on.

Often a car seat will need to be 'modified' with rolled towels and pillows to allow the child to be adequately positioned in the seat. This modification does not meet NZ Safety Standards and you will be required to give consent for the Occupational Therapist to make the changes. You will also be required to sign a form stating you are aware the changes do not meet NZ Safety Standards and that you take responsibility for anything that may occur while your child is positioned in a seat with modifications.



YOU MUST NOT MAKE ANY CHANGES TO THE MODIFICATIONS AT ANY TIME

If the towels become soiled they can be removed but must be reinstated, once clean, in exactly the same manner and position in which they were initially installed.

At times if your own seat is not suitable to use, the Occupational Therapist can loan you a car seat, provided a seat is available and provided the seat is not going to be loaned outside of Christchurch. These seats may also require modification.

If your child is not able to sit into a car seat, modified or unmodified, alternate options such as placing the child on the back seat of the vehicle on pillows or using a harness may be considered.

These options also do not meet NZ Safety Standards and you will require to complete the same paperwork as mentioned above.

Disability parking

Whether you are able to receive disability parking assistance is at the discretion of your doctor and the CCS organisation.

Accessing a disability parking certificate is your responsibility to organise. The forms to do this can be found at CCS or can be collected from some GP's. A doctor is required to complete part of this form and so you will need to bring the form with you on your admission.



