

Looking after your child's hip spica

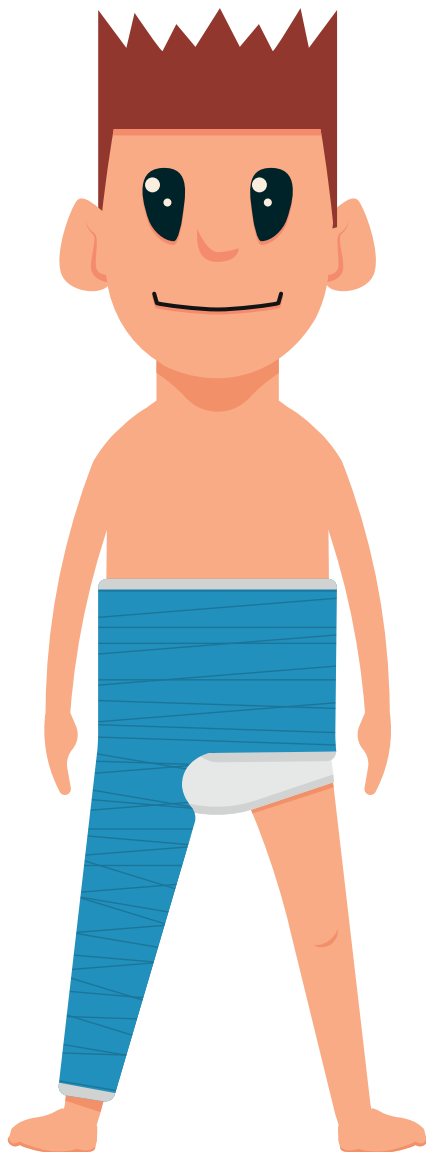
A young child is lying in a hospital bed, wearing a hip spica cast. The child is secured in the bed with a blue safety harness. The child is wearing a striped shirt, denim overalls, and a white diaper. The bed has a colorful striped blanket. In the background, there is a teal hospital bed frame and some medical equipment. The overall scene is a hospital room.

Information
for families

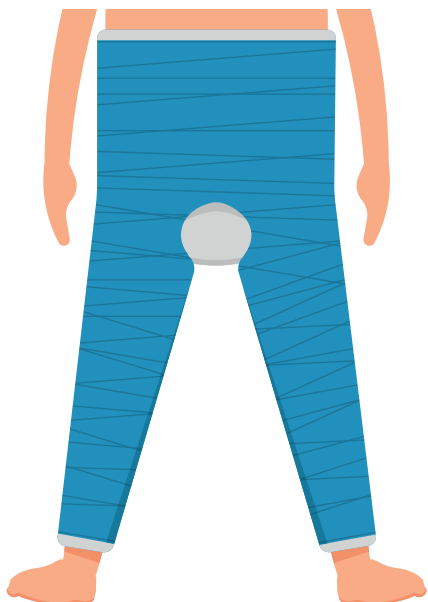
**Great Ormond Street Hospital
for Children NHS Foundation Trust**

A hip spica (pronounced 'spy-kah') is a type of cast used to keep the hip or thigh still. It is most commonly used after hip surgery, but can also be used following surgery or a break to the femur (thighbone). It is a hard shell made of plaster of Paris, fibreglass or polyester. It extends from the trunk of the body down to include one or both legs, with a gap left for toileting. The type of hip spica will be decided by the consultant depending on the type of surgery or treatment needed.

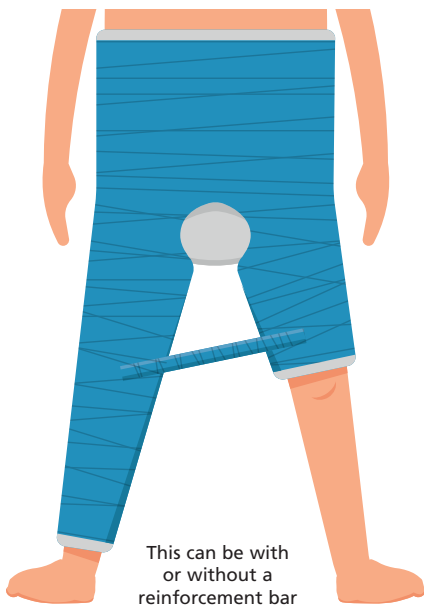
Single leg hip spica



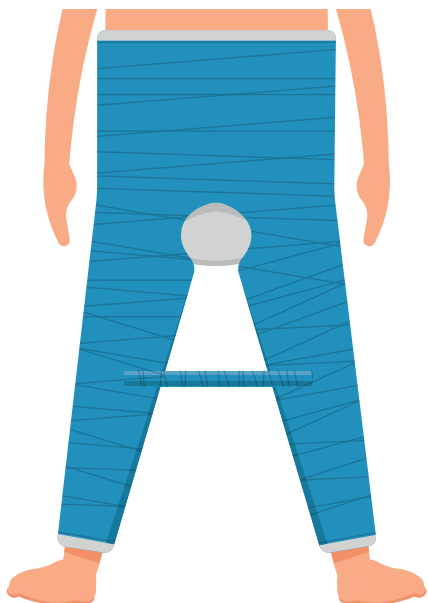
Bilateral (both sides) hip spica



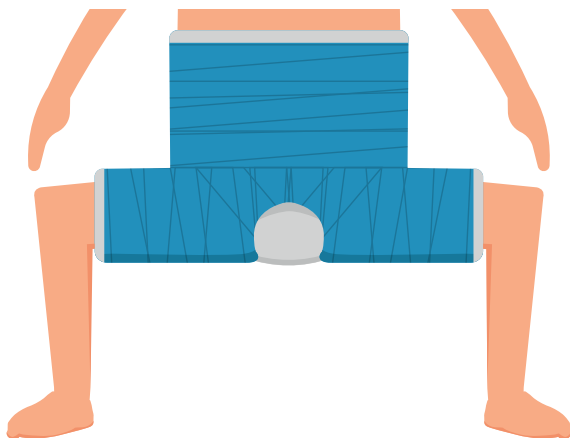
One and a half (1½) hip spica



Hip spica with reinforcement bar



Bilateral (both sides) short hip spica previously known as a 'frog-type cast'



What to look out for

If your child complains about any of these or you have any concerns, call us immediately on the numbers at the back of this booklet

- Their toes feel cold and look white or blue – this does not get better when they wriggle their toes
- Moving their toes hurts or the cast feels too tight
- Their toes swell up and do not go down after their legs have been raised
- They get pins and needles or their leg goes numb
- There is any oozing or wetness coming through the cast or an unpleasant smell as this may indicate a wound infection or pressure ulcer
- The cast is rubbing or digging into their skin or they can feel a burning sensation as this may cause a pressure ulcer
- The cast is getting loose and slipping
- The cast cracks, breaks, becomes soft or crumbles

Other instructions just for your child

Things to remember when your child is in a hip spica

- Always keep the cast dry at all times
- Check the cast every day and report any problems to us immediately
- Do not put anything inside the cast or use any talcum powder or creams near it

Toileting

- If your child is in nappies, check the nappy and change it more often than usual to reduce the risks of leaks. We will teach you the 'double nappy' technique on the ward.
 - Use a smaller nappy, tucked into the cast at the front, side and back then use a larger sized nappy over the top of the cast to hold it all in place.
 - You can watch the YouTube™ video (details at the end) for a reminder of how to do it
- If your child is toilet-trained, we will discuss other ways of toileting with you.
- Change your child's position frequently to prevent pressure ulcers. We will give you a copy of our leaflet *Treating and reducing the risk of pressure ulcers after leaving hospital*. Their heels and the skin near the edges of the plaster will be most at risk when in a hip spica so check their skin regularly. We will show you various options for positioning your child before you go home.

Self care

- It is important that your child's hygiene needs are met. You can use a damp flannel, sponge or baby wipes to wash your child (particularly their nappy area) – remember not to get the cast wet.

Moving and lifting your child

An occupational therapist will see you and your child before the operation (or they will talk to you on the telephone). They will talk you through specific details of caring for your child at home and how to move and lift them in a hip spica. This information will be tailored to your child's age, weight and abilities.

- If you are carrying your child, hold them as close to your body as possible, and always lift with your knees bent and your back straight.
- If your child's hip spica has a reinforcement bar – never use this to lift or move your child.
- Follow the instructions from your child's consultant - we will explain them to you after the hip spica has been applied.

Removing the cast

We will arrange an appointment for your child's cast to be removed.

We use three different tools to take it off:

- An oscillating saw
- Cast spreader
- Bandage scissors

Oscillating saw



Bandage scissors



Cast spreader





The oscillating saw works with a side-to-side movement and not in a circular motion so it feels more like a vibration while grinding through the outer part of your cast. It is very noisy so you might want to wear headphones.



We use bandage scissors to cut through the padding and stretchy stocking – the scissors have blunt ends so they won't cut your skin.



We use a cast spreader to widen the opening in the cast made by the oscillating saw.



We will show you the tools before we start to remove your cast
– you may be able to help us remove the cast if you want.

Further information and support

Steps Charity

– for anyone affected by a lower limb problem – www.steps-charity.org.uk They have lots of information about coping with a hip spica including helpful videos:

- Hip spica care – babies and toddlers toileting – www.youtube.be/LzrfP3FQW6M
- Hip spica care – older children toileting – www.youtube.be/refLCcD_tTs

DDH UK is another organisation, aimed at supporting anyone affected by developmental dysplasia of the hips (DDH) which is a common reason for needing a hip spica. Visit their website at www.ddh-uk.org/ for more information.

There are a number of Facebook™ pages about hip spica – have a look at these ones to start:

- DDH – Hip Dysplasia – Children Facing Surgery or Spica Casts (closed group and forum)
- DDH UK Because Hips Matter
- DDH UK Forum and Support Group
- DDH Equipment to Buy, Donate, Sell, or Swap in the UK
- DDH Hip Dysplasia – Children facing Surgery or Spica Casts

Did you know?

Casts date back to the Ancient Egyptians – they used flour, eggs and animal fat to make a hardened cast – that must have been smelly!

A more modern cast was developed by Ambrose Pare in the 16th century – this was made of wax, cloth and cardboard

Plaster casts, made from gypsum plaster (known as plaster of Paris) was first used in the 19th century in hospitals

In the last 30 to 40 years, new materials have been developed, such as fibreglass, polyester and rubber, that are lighter and stronger – and also come in different colours!

Notes

Notes

Any questions?

Just ask us if you have any questions – we are here to help!

Monday to Friday from 9am to 5pm – call the Orthopaedic Practitioner on 020 7405 9200 and ask for extension 6316 or bleep 0304. You can also call the Orthopaedic Clinical Nurse Specialists on 020 7813 8132 or 020 7782 7904.

Out of hours, call Sky Ward on 020 7829 8807 or 020 7829 8806. If you are very concerned, take your child to the nearest Accident and Emergency (A&E) department.



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Compiled by the Orthopaedic Practitioner
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