

A parents' guide to caring for a child in a hip spica cast



Contents

Introduction	Page 1
What is a hip spica cast?	Page 2
Toileting	Page 3
Washing	Page 4
Sleeping	Pages 5/6
Positioning your child	Page 7
Clothing	Page 8
Diet and Meal Times	Page 8
Travel	Pages 9, 10, 11
Emotions	Page 12,13



Introduction

It is a common reaction of most parents who discover their child has a hip condition to experience shock, fear, resentment and anguish to varying degrees. These are all perfectly natural feelings and you should not feel guilty, worried or try to hide your emotions. No matter if your child is in treatment for 6 weeks or two years - your feelings matter.

This booklet is for parents with a child in a hip spica cast. It cannot tell you everything you need to know about looking after your child, but we hope it will reassure you that solutions can be found to many practical problems. We also suggest that you take a look at our hip spica care dvd which includes various mini films, each focussing on one aspect of caring for children in a hip spica cast.

Support when you need it

Often being able to contact someone who knows what you are going through can be the biggest help when facing an uncertain situation. Our Family Contact service can put you in touch with others who have shared a similar experience.

Our online chat forum is another fantastic resource of helpful tips and practical advice written by parents who are coping with a child with DDH. You can also share your problems and solutions to everyday challenges.

No matter how big or small your concern our helpline team are available to offer an expert ear and support in complete confidence. Telephone **01925 750271** or email info@steps-charity.org.uk. You can also request a copy of our Hip Spica Care DVD or ask about our other services.

The final outcome from DDH will depend on the severity of your child's condition and their response to treatment. However, most children are treated successfully and go on to lead a healthy active life with no long term problems.

What is a hip spica cast?

A Hip Spica Cast is a large plaster cast that can best be described as 'plaster of paris' pair of trousers. Traditional plaster of paris may be used over wadding, or a combination of plaster of paris and fibreglass material or all fibreglass. Plaster of paris is always white, but the fibreglass plasters can be coloured or even patterned.

The shape of the spica varies, see photos below, and can extend from the mid-chest down to the ankle, sometimes with a bar across. If the problem is only on one side the cast will probably extend to the ankle on the affected side and may stop just above the knee on the unaffected side, but this depends upon the hip stability that will be judged by your surgeon. A 'letterbox' style hole is left in the groin area to allow for toileting.

The purpose of a hip spica is to keep the affected hip in the best position in order for it to develop normally.



Toileting

Disposable nappies are preferable for a child in a hip spica cast as they tend to hold urine better than cloth nappies and there's less chance of moisture seeping into the plaster. You may need to buy a larger size than usual in order to accommodate the plaster. Alternatively, you could cut off the side tapes and use the middle portion of the nappy with either popper or tie-on plastic pants.



Nappy changing needs to be more frequent than usual but to some extent leaks are inevitable. It is advisable not to tuck the nappy completely underneath the plaster, as both nappy and plaster are absorbent, so this practice increases the risk of sores and the plaster softening and cracking. SLEEK - a waterproof adhesive is usually recommended to help minimise this problem. Sleek is applied round the edges of the plaster, particularly in the nappy area. Sleek can be obtained from the hospital, or most doctors will give it on prescription.

A smaller nappy or incontinence pad (such as Tena lady) is usually placed under a larger nappy which then goes over the spica cast. Every child is different so you probably have to experiment with various nappies and incontinence pads until you find the right one for your child.

If your child no longer wears nappies, they will require a bed pan or urinal. These may be provided by your Local Authority, but if not you can purchase these from a chemist. For older girls you may also find the Whiz useful. This is a small portable urinating device, originally marketed to allow females to urinate without removing clothing when away from a conventional toilet. (available to buy from STEPS).

You may also find that whilst your child is in a hip spica, a urine odour may develop over time. This is normal and is simply due to the length of time that your child is in plaster. In extreme cases, some children may need to return to theatre for the spica to be changed.

There are some deodorisers available which may help mask unpleasant odours - e.g. Neutradol, Nilodor, Limone, Atmocool. Ask your local pharmacist for advice. Do not apply a deodorant directly onto the skin and be very cautious about applying it to the plaster. Do a skin test first on your baby to check for any reaction.

Washing

It is not possible to bath your child whilst they are in a hip spica, so they will need a thorough wash (top and tail) with a damp cloth at least once a day to keep them feeling fresh.

You are advised not to use skin lotion or powder under the edges of the hip spica as this may cause skin irritation. While cleaning the skin daily, it is a good idea to check all the plaster edges carefully for any signs of chafing; these are most likely around the spine and ankles. Great care must be taken round the nappy area to prevent undue soreness.



The hip spica must NOT become wet; if water is absorbed into the spica the plaster will become weak and crack.

Hair washing is one of the most difficult problems especially in the younger child who cannot support him or herself. Depending on the length of your child's hair, you may use a wet cloth for hair washing. Cover the plaster with towels and make sure that water does not drip down the plaster.

For longer hair, you could use an inflatable hair washing tray whilst your child is on the bed. These are sometimes provided by your local Social Services, however, if not they can be purchased from chemists or the internet. A shampoo shield may also be useful to stop soap and water going in the face. Some parents have also found dry shampoo helpful. Most chemists stock this.

Sleeping

Younger children are less likely to be affected by the hip spica cast although 'wind' or colic can be troublesome. A little more time spent in winding a child after a feed, perhaps by moving around with them, time well spent. Medication can be obtained from your GP if this is a persistent problem.



Children in casts may only sleep for short periods and often become restless and distressed. Disturbed nights can also result from cramp, itching and the inability to turn over. The recent hospital experiences may make a child feel insecure. Extra reassurance may be needed, and sleeping in the same room or bed as the child need not lead to permanent bad habits. Taking it in turns to do 'night duty' is one way to ensure that you at least get a good nights sleep sometimes.



Practical hints from parents that you may find useful:

- A mattress on the floor avoids the fear of a child falling out of bed awkwardly or you could use bed guards to attach to the side of the bed.
- Plenty of pillows under the body and the plaster help to make your child more comfortable. The most vulnerable areas in the spica are the ankles and the waist, particularly around the spine. The plaster edge often digs in here causing greater discomfort.
- Some children can wake up distressed which can be very worrying particularly when a young child cannot explain what is wrong. But for the most part, it is usually cramp. Just massage and flex the ankles and feet.
- Your child may well be too hot. The plaster is like cavity wall insulation and your child may need fewer blankets.
- A lambskin rug can help soothe and prevent heat rash because it absorbs a third of its own weight in moisture.
- If your child is in nappies, raise the head end of the cot to help urine run down into the nappy and not up the back

Positioning your child

If your child spends most of their time propped up on pillows or in their pram lying on their back, the pressure of the cast on their spine can cause the skin to become sore. To prevent this you must change your child's position frequently (approximately every 2-4 hours) by turning your child on their side or tummy. Use cushions, pillows and beanbags to make your child more comfortable.



When you turn your child over, you must turn them in the same direction as their unaffected side in case the plaster cracks. When your child is lying on their back place a rolled up towel underneath their ankles to raise their heels off the bed. In some instances a bar is placed between the legs of the cast to stabilise the legs, do not use the bar to position or lift your child as it may break.



Although the plaster will feel heavy, your child may be able to move themselves along the floor. Do NOT leave your child alone especially on a raised surface.

Clothing



For small babies, babygrows a few sizes larger than usual are probably the easiest type of clothing to deal with. Girls' dresses usually fit over the plaster with no problems.

Boys clothing and trousers can be more challenging (especially if the spica has a bar) and you may have to adapt clothing with velcro.

If the spica cast is patterned or coloured the cast itself can act like a pair of trousers, just using a pair of shorts or vest with poppers to cover the nappy area. Baby leg warmers are also useful in colder weather.

If the cast comes down to the ankles remember your child's feet can get cold even in warm weather so they may be more comfortable wearing socks.

Diet and Meal Times

Your child may no longer fit in their usual high chair so you may need to find an alternative way of sitting them up whilst eating. It is a good idea to completely cover the whole plaster to ensure it remains clean and to stop food getting inside the cast. It is also useful to use a straw or a cup with a lid to avoid spillages.

Many parents find that their child's eating habits are unaffected by being in a hip spica although they can get constipated as they are spending so much time lying down. You can help avoid this by ensuring their diet has plenty of fibre and make sure they drink lots of water as well. If the problem persists and makes your child uncomfortable it is best to seek medical advice.



Travel

Getting out and about can be challenging but essential for your own emotional well-being. For the latest information please refer to the **STEPS Equipment List** which lists pushchairs that other parents have found suitable for a child in a hip spica.

Pushchairs

Dependant upon your child's age and shape of the hip spica, they may fit into their own pram/buggy .

One of the best forms of pushchairs available are the twin side by side ones, see left, but these can be expensive to buy unless you can borrow one or buy second hand.

Whatever style of pushchair you use it is essential that your child is always strapped



in securely using the harness provided. If your child's feet stick out at the sides, see right, you will need to take extra care not to bang them going through doorways or other people walking into them.

You will also need to be prepared if it rains as it's important that the hip spica does not get wet. You may need to be inventive as the waterproof raincover provided with your pushchair may not fit over the cast.

Older children over the age of three will probably require a special lie-back wheelchair such as the 'Chunc'. These may be provided from your hospital or you can also hire them from the manufacturer (www.chunc.com)

Car seats

It is unlikely that your child will fit in their normal car seat as it has not been designed to be used with children in a hip spica cast. It is recommended that you do not add any parts to adapt your child's car seat eg. cushions, as this could affect the safety in the event of an accident causing injury to your child and invalidate your car insurance. Children in a hip spica are also at a higher risk of injury if they travel in a forward facing car seat especially if additional cushions have been added.



If your child weighs over 9 kg once in plaster and is under the age of 4 years they may be able to use a specially modified car seat.

However, this will depend on factors such as position of your child's legs in the hip spica and the age of your child. The car seat can be used as a standard car seat once the plaster has been removed for children up to 25 kg.

We would recommend that you wait until your child is in the hip spica so that you know what shape the cast is before buying the car seat as the car seat can be adapted and delivered quite quickly. For further details, prices and advice please call Simon Bellamy, In-Car Safety on 02890742052

Blue Badge Parking Scheme applies to Hip Spica Casts

If a child is under 2 and you live in England you are entitled to receive a Blue Badge.

The Blue Badge scheme clearly states: "A parent or guardian must apply on behalf of a child under the age of two. The list of bulky medical equipment referred to above may include: *casts and associated medical equipment for the correction of hip dysplasia.*" Some councils may at first refuse the badge but don't be put off and do appeal against their decision as you are entitled to the benefit and it really does help with parking.

In Scotland the parents of children under 2 who require bulky medical equipment are entitled to apply for a blue badge but hip spicas are not mentioned specifically.

In Wales and Northern Ireland children under 2 are not eligible.

Children aged 2 - 3

In 2009 STEPS campaigned for children between the ages of 2 and 3 to be made eligible for blue badges in England. Whilst this has been included in a consultation on the reform of the Blue Badge Scheme in England these children are still not yet entitled to blue badges. The intention was to introduce entitlement from 2011 but we have no information about any effect that the change of government may have on this consultation.

Welsh Blue Badge Action Plan 2010 – 2014 mentions extending the scheme to children under the age of 3 with specific medical conditions.

Children over 3

Throughout the UK anyone in receipt of the higher rate mobility component of the Disability Living Allowance (which is only awarded to children over 3) is automatically entitled to a blue badge.

To find out about applying for a blue badge visit www.direct.gov.uk or contact your local council for details.



Emotional reactions

Hopefully this booklet will help you to cope with the practical aspects of caring for a child in a hip spica. Although, dealing with the emotions when you're told that there's something wrong with your child is just as challenging.

Many of the parents who have contacted STEPS have said how much relief they get from being able to express and share their feelings. Hearing how others have reacted helps you realise that you're not on your own and your reactions are likely to be in keeping with those of others in the same situation.

Below are some of the reactions of other parents.

They are in their own words and we hope you'll find some comfort in this.

Initially most people feel shock or disbelief.

'It was very difficult at first. We were shocked and then angry, 'why us?' we asked ourselves. Then finally we were determined that we would win through no matter what'.

It is also hard to prepare yourself for the treatments, which initially to most parents seems like an insurmountable hurdle. The treatment itself is often more distressing to the parents than the child itself.

"I felt strange that my cuddly little baby had been taken away from me".

"Compared with some other mothers I have had relatively little to deal with, but I do remember feeling overwhelmed and isolated during those first few weeks."

It can be a physically and mentally hard time for parents.

“Because I was tired most of the time I was more irritable with my husband and older daughter. At one stage I almost resigned from my job as I felt that I couldn’t cope with it all”.

However most parents who have been through all this seem to find their own solutions.

“I know deep down that I will cope with what ever happens, you always seem to find a hidden strength “.

It helps to be able to share one’s feelings, to realise that they are normal and quite justifiable reactions to a very difficult situation. If you want to talk to someone who has been through a similar situation please contact our helpline **01925 750271** or visit our discussion forum on the STEPS website www.steps-charity.org.uk

Finally your feelings towards your child do not fundamentally alter and to have your child healthy once again make your feelings all that more precious.

“I shall never forget the flood of emotion I felt the day the plaster came off and I picked her up and cuddled her close for the first time. She fell so soft and floppy and fragile. I had to learn how to carry her all over again; but it was wonderful!”.



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