



steps

We don't take walking for granted

## Evie

Diagnosed aged 3 Years 7 Months

Treatment to date: Open Reduction and Femoral Osteotomy

### Evie's Story

Evie was born on the 20<sup>th</sup> of November 2004 at Ealing Hospital; I had a normal pregnancy and birth. She is our first and only child so far. At the 8 week check the GP noticed that she had asymmetrical skin creases on her thighs. She checked her hips and noted that they were 'stable'. At this point it was not explained to me what asymmetrical skin creases might signify and there was no literature on DDH readily available. We received an appointment for an ultrasound scan which did not take place until Evie was 5 months old, it seemed that no urgency or importance was placed on having the ultrasound. The radiographer at the hospital had difficulty getting a clear scan of Evie's pelvis as she was rolling around the table in quite an animated fashion. I remember asking the radiographer if she was sure that she had got a good enough scan as Evie did not remain still and I remember very clearly being brushed off. Anyway the ultrasound came back clear, no abnormalities showed up.

We moved to Kent when Evie was 7 months old. I visited the health visitor to acquaint myself with the local services and I asked if Evie should see a GP as part of her developmental checks. I was told it was not necessary, the health visitor only wanted to do a hearing test and no physical examination took place.

Thinking and believing that everything was fine and not knowing the serious implications of DDH, it never crossed my mind to bring up the 'skin creases' again. If I had known of DDH at that time I would certainly have requested further checks. I had thought that Evie developed normally, sitting, standing and walking at the appropriate age – not particularly fast but not slow either. One thing that

did strike me was that she was never able to lift her leg very high and climb as other children did, I put this down to her being a girl and not so adventurous.

When Evie was 3 and a half we noticed that she was tip toeing on her right leg and she kept stumbling and bumping into things but all kids do that don't they? One night when she was asleep we pulled her legs down and saw for the first time that her right leg was shorter than her left leg!

Our GP listened to our concerns and immediately referred us to the Paediatric Orthopaedic Consultant at Maidstone hospital. Evie was diagnosed with DDH in June 2008 and had an Open Reduction and Femoral Osteotomy on the 1<sup>st</sup> September 2008. At the time of surgery she is nearly 4 years old and being diagnosed so late is very difficult for us all to cope with. We are consumed with guilt for not noticing this earlier and also incredibly angry at the lack of awareness of this condition from the so-called health professionals. DDH can be treated non-surgically if detected as a baby. Due to the nature of the surgery and the impinging effects of the hip spica cast, Evie has regressed to being a baby again, needing to be carried, toileted and sat on our lap for meal times.

I hope that we can raise awareness so that other children do not have to go through this.



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