

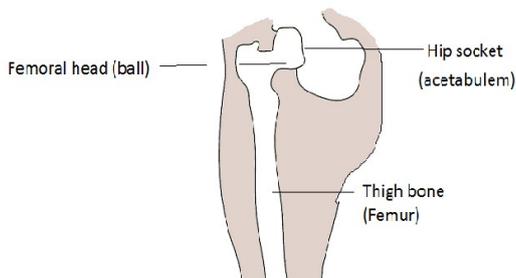
Fact Sheet



Slipped Capital Femoral Epiphysis (SCFE/ SUFE)

What is SCFE/ SUFE?

The hip is the joint that allows movement of the round head at the top of the femur in the cup shaped indent in the pelvis (known as the acetabulum). It connects the bones of the leg to the pelvis.



Slipped capital femoral epiphysis (SCFE or slipped upper femoral epiphysis, SUFE) describes a stress fracture through the 'ball' part of the ball and socket which forms the hip joint. This part of the bone is where the leg grows new bone and is known as a 'growth plate'. The medical term for growth plate is 'physis'.

The fracture allows the rest of the thigh bone (femur) to slip out of the socket, leaving the separated end of the ball part of the hip in the socket (acetabulum). This causes the rest of the femur to twist forwards and outwards.

In short SCFE/ SUFE is where the very top of the ball joint cracks, leaving the rest of the thigh bone to slip out of the socket.

Why does it happen?

SCFE is a rare condition, affecting a little less than 1/1000 children during their lifetime. It occurs slightly more commonly in boys.

The number of cases is thought to be rising and this has been associated with increasing childhood obesity. It is believed that heavier children are more susceptible to the condition because of the increased pressure on their hips, though not all children with SCFE are overweight.

Studies are ongoing as to possible other causes.

Diagnosis

The first sign of SCFE is often a pain in the groin area, but it can also be pain in the thigh or knee, due to the pain signals travelling down a nerve in the leg. This is known as 'referred pain'.

The condition more commonly affects just one side (unilateral), but can affect both hips (bilateral). Signs also include a waddling walk and trouble moving the leg in all directions.

Diagnosis is usually by x-ray and physical examination.

We don't fake walking for granted...



Steps

We don't take walking for granted

The condition is often graded on the stability of the joint, the child's ability to walk unaided and the angle of the slip. The hip is said to be unstable when walking is not possible, even with crutches.

Treatment

The affected hip will usually be stabilised by surgery to the joint and held in place with pins. If there is thought to be a significant risk of slippage in the other hip, this may be pinned as well. There are a few instances where there is uncertainty about the type of treatment.

If the slip is very large, then surgeons may consider trying to reduce the amount of slip by doing more invasive surgery.

If the slip is 'unstable' then surgeons may decide that a period of bedrest (sometimes for up to 3 weeks) is most appropriate before attempting to fix the hip.

If the child is especially young then surgeons may consider using a 'growing' screw to allow the amount of slip to correct with growth – though this will require close monitoring, and possibly further surgery.

The type and timing of treatment will depend on many factors and each treatment will be planned around individual cases.

Pain relief, such as analgesics, anti-inflammatory drugs and bed rest are commonly used to alleviate symptoms.

The final aims of such treatments are to help the child have a stable hip joint as they grow, avoid damage to the blood supply and reduce the chance of developing arthritis in adult life.

When will treatment start?

Children are generally admitted for treatment as soon as the SCFE is identified.

Consultants will assess each child individually, following a diagnosis and decide on an appropriate treatment pathway.

How will it affect my child?

If SCFE is not treated, it may lead to the death of bone tissue in the top of the femur (avascular necrosis), arthritis, problem with walking and pain in later life.

It is thought that the timing of surgery affects the success of treatment and may reduce the risk of further complications, such as effects on the blood supply to the hip. This is known as avascular necrosis (AVN) and is when the blood supply to the hip starts to die.

In severe cases, there may be an increased risk of osteoarthritis in adulthood.

Following surgery, your child should avoid high impact activities until the consultant says it is safe, following which, they can return to normal daily activities. If your child is considered overweight, it is important to encourage a healthy diet and regular exercise to help them achieve normal weight.

The condition is unlikely to return following treatment, but your child will be routinely monitored throughout their growth.

Sources of support

Our helpline (01925 750271) is open from 9am until 5pm on weekdays, for any questions you may have about practical support.

Medical enquiries to be passed to our panel of NHS consultants. Email info@steps-charity.org.uk with a specific request or fill in a contact form on our website.

The Steps closed Facebook Group is a friendly and safe way of discussing your worries, sharing tips and finding emotional support.

Our Family Contact service identifies someone else who has been through a similar situation and who's happy to talk about their experiences, on a one-to-one basis, to offer support.

We don't fake walking for granted...



Steps

We don't take walking for granted

FRSB give with confidence

steps-charity.org.uk Helpline: 01925 750271 Email: info@steps-charity.org.uk Steps Charity Worldwide @Steps_Charity Steps
Registered charity number 1094343 Company number 4379997 Published July 2016