

Advice for after removal of Hip Spica Cast

The purpose of the hip spica cast after surgery is mainly for comfort and pain relief. Most children cope very well with the spica and feel quite secure. As the spica maintains their position very well, pain is often well controlled during the time they have it on.

Your consultant will have determined the appropriate time for the cast to come off based on the surgery and the x-rays.

The cast is normally removed with the use of a plaster saw. The procedure is noisy and can cause some anxiety or distress for the children. Explaining this prior to removal can be helpful. (“It sounds like a big Hoover”)

- It is worth remembering that although it may be a new experience for you and your child, staff in the plaster room are very experienced in the procedure.

X-rays are taken after removal of the cast to check healing and the back shell will be retained if it is suitable and robust enough – this is useful to rest the child in, if possible, in first few days following removal.

Once the cast is removed, it is common for the children to be uncomfortable for the next week or so. It will be important to manage any discomfort quickly to prevent any pain and/or distress.

- It is a good idea to give Paracetamol or Ibuprofen **as instructed on the bottle** prior to attending the appointment.
- They may require more pain relief than they did when in the cast. Regular Paracetamol and Ibuprofen can be given if required.
- If your child continues to complain of pain regularly despite these medicines, please contact your Community Children’s nurse or GP.

It is normal for the children to feel a bit insecure once the cast is off. This is especially true if the child often has spasms or stiffness as part of their underlying condition.

Reassurance and gentle handling, combined with adequate pain relief, will hopefully minimise this.

Aftercare – Seek advice from Community Children’s Nurse as required

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Authors: Katie Kinch, Lead Advanced Physiotherapy Practitioner	NHS Fife	Responsible for review: K Kinch

- **Skin care/bathing** – Once the cast is removed, you will find that the skin on the affected limb(s) is dry/flaky and the hairs on the skin will be darker. Skin can also be sensitive to touch as nothing has touched the skin for a long time. Bathing will remove the dry/flaky skin and an oil based moisturiser applied liberally to the affected area will help to rehydrate the skin as well as decrease the sensitivity.
- **Constipation** – The use of analgesia, reduced mobility and reduced/altered appetite can result in your child becoming constipated. Increased fluid intake may help and potentially a laxative could be prescribed to ensure regular bowel movements. If constipation persists, seek medical advice from your General Practitioner.
- **Wound care/review** - if your child has a wound, your Community Children’s Nurse will assess the wound and treat accordingly. If you are concerned about the wound, seek further advice from your Community Children’s Nurse. A mild, non-scented liquid soap is recommended.
- **Pressure areas** –Your child may develop a pressure sore (blister-type wound) on the skin, usually at pressure points such as the heel or toe. This becomes evident once the cast has been removed. Seek advice from your Community Children’s Nurse as treatment may be necessary.

Mobilisation Advice – seek help from your Community Physiotherapist – Your child’s physiotherapist will review and alter their programme as needed throughout the post-op period.

- **Moving and Handling** – *It is important to follow advice given regarding safe moving and handling to reduce the risk of injury and/or pain to the child and/or the carer.*
 - Your child will be lighter after the cast comes off.
 - Slow, gentle handling – to include the use of hoisting if provided/available/required - may be of benefit as they will feel more secure
- **Exercise programme** – *Although these may initially be uncomfortable for your child, you will not be injuring them or damaging the surgery site.* Slow, gentle movement to loosen all the leg joints will be of benefit.
- **Hydrotherapy (swimming)** is an excellent way to help your child move more and decrease their pain. Your child’s physiotherapist may be in touch to arrange this soon after the hip spica is removed.

Knowing what to expect and how to manage this in advance is helpful to children and their parents/carers. We hope this information in regards to movement and handling, pain relief and general care/management will be useful. Please do not hesitate to contact your Health Care Professional if needed.

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