

Hip Spica

2+ YEARS



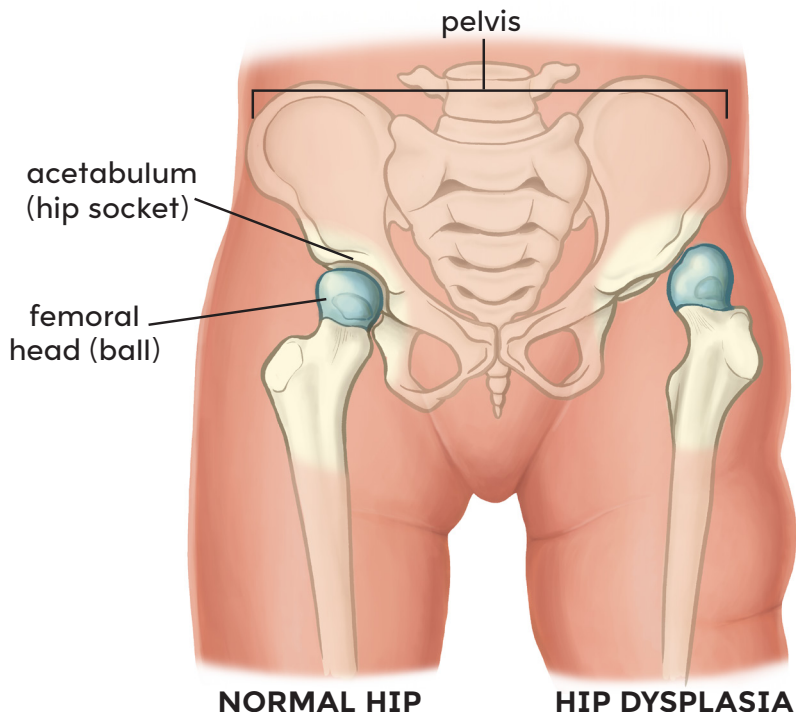
What is a hip spica cast?

Hip spica cast is a Plaster of Paris (POP) or fibreglass cast covering the torso and extending down to the ankles or knees. The cast has an opening around the groin area for toileting/nappy changes. The shape and position of the hip spica cast varies from child to child.

Hip spica casts are commonly used in the treatment of development dysplasia of the hip (DDH), keeping the affected hip/s in the best position allowing normal develop. Hip spica casts can also be used in children with fractures or other orthopaedic conditions, where the hip and/or lower limb needs immobilisation.

Hip spica casts are routinely applied in the operating room under a general anaesthetic.

Your ward nurse and nurse specialist will support you with learning how to care for your child in the hip spica cast. You will be encouraged to participate in your child's care during their stay; this will help you feel more confident when you are at home.



Care at home

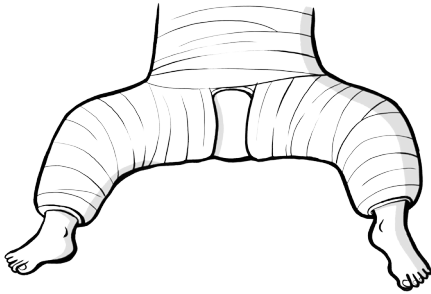
Toileting and Nappies

- Care of the toileting area of your child's cast is important to ensure comfort and keeping the cast dry. Nappies need to be checked and changed frequently (2-3 hours during the day). At night a second nappy can be placed over the cast to help absorb any leakage from the nappy.
- When changing a nappy remove the “sticky” tabs before positioning. Firstly position the child on their back and fit the nappy into the front of the cast, ensuring the nappy is tucked under the cast and flat against the skin. Then turn the child onto their stomach and do the same on the back of the cast.
- Older children can use a urine bottle or bed pan. Using a toilet or commode may be possible depending on the shape of the cast. Your Occupational Therapist on the ward will work with you to find some suitable solutions for toileting. Ensure your child is positioned with their head elevated above the hip level to avoid urine or faeces coming into contact with the cast.
- If the hip spica does get wet/soiled, try leaving the toileting area uncovered to let it dry out. The child can be positioned on their stomach with their nappy off to allow the area to dry.

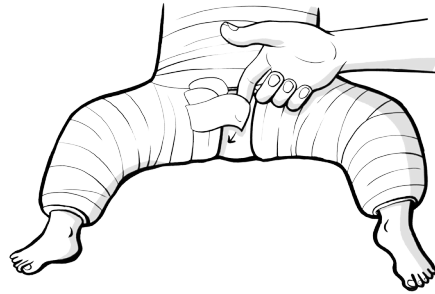
Sleeking - step by step:

Sleek tape is applied around the edges of the plaster in the groin area to help protect soiling of the cast. Sleek tape should be changed when it's getting soiled or wet, or is lifting off the cast. It is necessary to replace anchoring tape around the body every time that the sleek tape is changed.

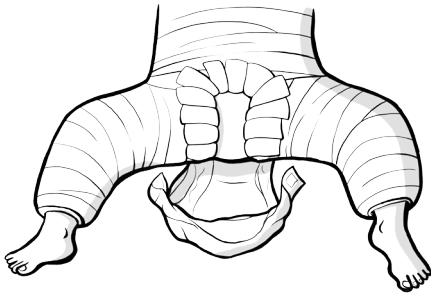
1. Ready for taping



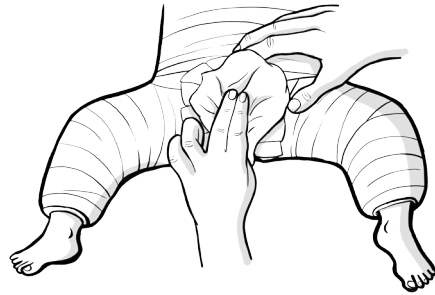
2. Sleeking



3. Fully taped, nappy ready



4. Tucking in nappy



Bathing/skin care

Check your child's skin every day. Check all the cast edges carefully and take note of any redness or skin irritation. Use a torch or cell phone light to check the skin under the cast edges and groin area. Hip spica casts are not water proof so it is important to keep the cast dry when bathing or washing your child's hair. Giving your child a sponge bath daily and taking care to clean child's skin creases and ensuring they are dry.

It is best not to use powders or creams under the cast as this may cause skin irritation. You can continue using your usual nappy cream and lotions on other skin areas.

You can wash your child's hair over the edge of a sink or bath. You will need another person, one to hold the child and another to wash the hair. Older children can be positioned on a bed to make this easier.

Clothing

Dress your child in larger loose fitting clothing that can fit over the cast. This will prevent rubbing of the cast on their skin. Smaller children may only require a t-shirt or jumper and socks. Trousers, shorts, boxer shorts may need modification, for example Velcro or poppers on the side.

Positioning and lifting

Children in hip spicas cannot easily move and so require frequent changes of position to prevent pressure from the cast.

When lifting your child ensure you always support the cast, do not just lift under the arms. If your child's cast has broomsticks (cross bar) do not use this for lifting the cast.

Older children may be too heavy for lifting, the occupational therapist will support with alternatives like hoists to support you at home.

Position changes should be made every 2-4 hours during the day; this can be done along with changing nappies. Bean bags are recommended as an option for seating and positioning, as they mould easily to the shape of the cast. They are helpful for positioning for play and feeding. Overnight simpler position changes can be made by placing a rolled up towel under the mattress or changing position with night feeding or nappy changes.

Children can be placed on their back, sides and tummy with support from pillows or rolled up towels. Tummy time should be under direct supervision.



When changing position check the cast is not digging in or too tight around the edges. Ensure the child's feet, heels and toes can move freely and are not pressed against mattresses as this may cause pressure injuries. This also applies when positioning them in car seats and buggies/wheelchairs.

If you notice any redness from the cast you will need to monitor this and change your child's position more frequently.

Feeding

If you are breastfeeding, you will be able to continue while your baby is in hip spica cast. You may need to try different positions until you will find a way which is comfortable for you both. You could try curling up next to your baby, under arm “rugby hold” or using a breastfeeding pillow to support your baby. Your nurse on the orthopaedic ward will help you with this.

Feeding may take bit longer than usual and your baby may need to wind more frequently.

Children eating solids may also find smaller more frequent meals are easier.



Out and about

Please bring your child's car seat or booster seat and pram to hospital with you so the occupational therapist can ensure they safely fit in these following application of the hip spica. Modification may need to be made to these and the occupational therapist can assist with this.

Car seats with low sides and longer crotch straps to allow space for the child's legs in the spica cast are recommended. If you are concerned that your car seat or stroller may not be suitable prior to your child's planned surgery, please contact your nurse specialist who can put you in touch with the Occupational Therapist. Occasionally ambulance transfer is required for children who cannot be safely transported in a private vehicle. This will be arranged for getting your child home and to follow up appointments at the hospital.

If your child is unable to be transported in a pram then a suitable wheelchair will also be arranged.

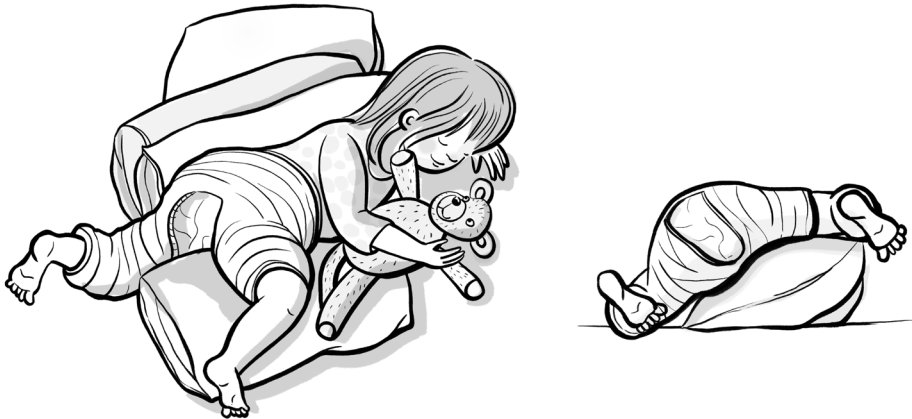


Sleeping

Your baby will need to sleep on their back in the cast. If you are using a baby sleeping bag, you may need bag in a larger size to fit comfortably over the cast.

You will require additional pillows to support your child and their cast while sleeping. It is important to incline your child while sleeping using pillows. This will help if there is any leaking from the nappy.

Overnight simple position changes can be made by placing a rolled up towel under the mattress or changing position with night feeding or nappy changes.



Follow Up

How long your child will have to wear the hip spica cast depends on severity of your child's hip condition and surgical management or fracture. To treat hip condition, your child is likely to be in hip spica cast for 12 weeks in total. Around 6 weeks your child's cast will be changed under a general anaesthetic.

Your child will have regular follow-up appointments with your orthopaedic doctor to monitor the progress. Your child may need CT scans or x-rays during the visits.

Final cast removal is normally completed in the clinic setting using a plaster saw. See our [cast removal video](#)

Contact hospital if

- Your child is unable to wiggle their toes or is unable to feel you touching them.
- Your baby's feet are swollen or puffy, cold to touch, numb or pale/bluish in colour.
- Severe pain or swelling not relieved by medication or elevation.
- You notice any skin irritation, redness or rash around the cast edges or groin area.
- The cast becomes broken, cracked, loose/tight or soft.
- Any kind of objects gets stuck inside the cast.
- If your child has a wound: any fluid (blood, clear fluid or pus) oozing from the wound, redness on the wound area, wound feels hot to touch, an odour omitting from the wound, your child has temperature.

**Your Nurse
Specialist:**



Clinic Hours (8.30am–5.00pm)

Please call and leave a message
for the Paediatric Orthopaedic
Outpatient Clinic Nurses on:
(09) 307 4949 ext 22537

After Clinic Hours

Please visit:
Starship Childrens Emergency
Department, Level 2
Starship Childrens Hospital