

Stead Family Children's Hospital

About Your Child's Hip Spica Cast

Follow the instructions given by your child's care team and this handout.

Your child will go home in a hip spica cast. Caring for a child in a hip spica cast can feel challenging for you and your child. Both the cast and your child will need special care. This handout gives helpful information and answers common questions. Write down any questions you have and talk with your care team.

What is a hip spica cast?

- A hip spica cast is used after different types of hip or leg surgeries, tendon releases, or a broken bone.
- The cast may seem bulky and awkward, but it keeps your child's hip(s) or broken bone from moving and in the right position.
- This cast is put on by your child's care team in the operating room while they are asleep.
- Waterproof plastic tape or a Goretex liner will be put on your child's cast around the genital area. This helps prevent the cast from getting wet and dirty.
- The edges of the cast will be sealed with adhesive (sticky) tape petals. This prevents the edges of the cast around their stomach from irritating their skin. It also lessens plaster crumbs in the bed.
- A colorful fiberglass cover is added to the cast before your child goes home. This gives 1 more layer of protection.

What will this handout teach me?

This handout will teach you how to:

- Keep your child comfortable and safe.
- Help prevent sores from irritation and pressure of the cast against your child's skin.
- Check for cast tightness and changes to blood flow from swelling or normal growth.

Teach other people who care for your child how to care for them and their cast.

Who do I call if I have care questions or concerns?

Monday to Friday, 8:00 a.m. to 5:00 p.m.

- Call the Orthopedic Clinic at **319-356-2223**.

After 5:00 p.m., weekends, and holidays

- Call 24-Hour Health Access (Call Center) at **888-573-5437** (toll free) or **319-384-5437**. Ask to talk to the orthopedic resident on call. You may be asked some questions.

Your care team will give you follow-up visit information.

What can we expect after the cast is placed?

- Your child will be lying on pillows in the hip spica cast. Smaller children will be propped sitting upright. This helps get the best positioning. We want their hips down into the cast.
- Your child will have an IV (intravenous) line in a vein. They will have it until they are drinking and eating well.
 - Talk with your child's nurse before giving them fluids or food. They will get clear liquids (ice chips, water, 7-UP®, or popsicles) first. Then, they slowly get more fluids and food.
- The care team will measure how much your child drinks and pees.
- Your child may feel sick to their stomach or throw up. Medicines can be given to help.
- Your child may have pain or muscle spasms. The nurse can give pain medicine in the IV or by mouth.
 - Pain medicine will be started as soon as possible.
 - It is important that you or your child tell their care team about pain. This will help them care for your child better.
 - You will get a pain medicine prescription for when you go home.
- The care team will check your child's vital signs often. They will also check their toes for color, movement, sensation, and warmth. Toes should be warm and pink with good blood return.
- Your child may have some drainage through the cast. This is normal. The nurses will check it to be sure there is not more drainage.
- Your child may have swelling in the genitals. This is normal if they had surgical incisions (cuts) near the genital area.
 - Use ice and elevate the site to help with swelling and pain.
- X-rays may be taken in the Post Anesthesia Care Unit (PACU) or after your child is in their hospital room.

How do I keep the cast clean and dry? How do I care for my child's skin?

- Cast care and skin care are closely linked. If urine (pee) or bowel movements (poop) stay on skin, such as under a wet diaper or under the cast edges, diaper rash and skin breakdown are likely.
 - This can be painful for your child.
 - It can slow healing if the cast must be taken off because of skin problems.

So, all precautions must be taken to prevent skin irritation.

Remember: A cast can feel dry on the outside, but it may be wet or damp on the inside.

- Nurses will show you how to care for the cast. They will encourage you to help care for your child while in the hospital so you get comfortable with cast care.
- Every child's urinary and bowel routines are different. Children come in all sizes. No cast opening is the same. It changes based on the type of surgery done. So, you may need to

try pads, newborn preemie diapers, folded cloth diapers, and incontinence pads until you find the right one.

- Position your child on pillows so their head and shoulders are higher than their buttocks. This also helps keep the cast dry.
 - Protect the pillow(s) with plastic wrap or a disposable diaper on the inside of a pillowcase.

What if my child wears diapers?

- Place an incontinence pad or smaller diaper across the diaper area. Tuck it under the front and back edges of the cast. Then, put a larger diaper over the cast.
- Check the site at least **every 2 hours during the day**. Make sure the pad and diaper are changed as soon as they are wet or dirty.
- During the night, the pad and diaper should be checked and changed with each position change if needed. This should be done about **every 2 to 4 hours**. You may need to set an alarm clock to make sure this is not missed.
- You can use adult incontinence pads in the genital area. This also works for the belly if your child sweats. Good brand names are:
 - Dignity Pads®
 - Super Tranquility Pads®
 - Poise Pads by Depend®
- After wiping and drying your child's buttocks, put a thin layer of Vaseline® or diaper rash ointment on their bottom. This coats their skin to help prevent diaper rash.

How do we use a bedpan?

A plastic bedpan can be sent home with your child if needed.

1. Put your child's head and shoulders up on pillows. This will help prevent urine from running inside the cast.
2. Place gauze, a cloth pad, or a small, folded towel on the back rim of the bedpan. This will soak up moisture and help keep the cast dry.
3. Take out the gauze, cloth pad, or towel with the bedpan.

How do I clean the cast and liner?

- If the cast gets poop or pee on it, clean it with a damp cloth and small amount of soap.
- The Goretex liner or waterproof tape can also be washed with soap and water.

How do I dry the cast?

- If the cast gets damp, you can use a hair dryer on a warm or cool setting for 10 to 15 minutes.
 - Do **not** use a hot setting.
 - The hair dryer should be 10 to 12 inches from the damp site. It should **not** touch skin.

How do I give my child a bath?

- Give your child a sponge bath each day.
- Do **not** get the cast wet. Use a damp cloth to reach under the cast edges to get rid of plaster and food pieces.
- Do **not** use lotions, powders, or oils under the cast or around the edges.
 - Powders can build up.
 - Lotions and oils soften the skin.
 - Both make skin break down easier.

How and when do I check my child's skin and cast?

Check under the cast edges in the morning **and** evening. Look for:

- Blistering
- Open or draining sites
- Pressure spots (where the cast may be pushing into your child's skin)
- Redness
- Skin irritation

A flashlight may be helpful.

Look at the cast for:

- Cracks
- Dents
- Drainage
- Looseness
- Softening
- Tightness

Do **not** let your child poke crayons, small toys, or other objects under the cast edges. They may cause pressure areas and skin breakdown.

What can my child eat and drink?

- Have your child drink plenty of fluids during the day.
- Give your child less fluids in the evening before bedtime.
- They should eat fruits and vegetables to prevent constipation (when you have a hard time pooping) and help healing.
- Do **not** give or start new foods. These can cause loose bowel movements (poop).
- Do **not** give foods that cause diarrhea.

What clothing should my child wear?

- Use Velcro® on the legs of clothing to make dressing easier.

How should I position and turn my child?

- Your child must be positioned well and turned often to help prevent skin problems. This will also help their comfort.
- Their head and upper body should **always** be elevated (up higher than their waist). This helps with better positioning of their hips down in the cast. It also lets gravity pull pee and poop away from the cast.
- Reposition your child on pillows at least **every 2 to 4 hours**, even at night.
 - Turn your child from side to side, on their back, or on their stomach.
- Make sure the cast is not too tight at their waist or chest. Place a pillow or rolled towel under their ankle(s) when your child:
 - Is on their back so there is no pressure on their heels.
 - Is on their stomach so their toes do not touch the mattress.
- Sometimes, a wooden crossbar is placed between the legs. It is built into the cast with plaster when the cast is put on. The crossbar supports the legs so they do not move. Do **not** use the crossbar to turn your child. It may break off.
- If you see red sites near the base or top of their spine or on their heels, your child must stay on their stomach longer.

How do I move my child?

- Your child may be out of bed in a stroller or wagon if the cast fits into that space.
 - Use a wagon with removable sides to move your child around the house. Prop them with pillows. Make sure they will not fall out of the stroller or wagon.
- Older children may need a reclining wheelchair with elevated leg rests.
- **Always** use proper positioning and safety measures, such as side rails, seat belts, and safety straps.
- Your child's nurse will give you a car seat or vest restraint to use in your car. This will be loaned to you. You will need to bring it to the clinic when your child is no longer in the cast.

What will help with travel?

- Travel with extra pillows to help position in restaurants and other places.
- Bean bag chairs are comfortable and work well for propping children for activities.
- Your child's care team can help you get a reclining wheelchair if needed.

Are there other resources?

- Your care team can share other parents' phone numbers. You can talk with a parent who has cared for a child in a hip spica cast. Remember, be patient, you will get through this.