

"Hip Spica : A Parents' Guide"



Dr. Maulin Shah



ORTHO **Kids** CLINIC

Ahmedabad, India.

"Hip Spica : A Parents' Guide"

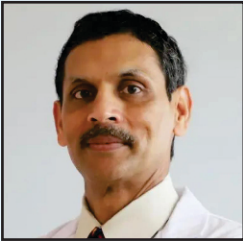
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Foreword

Family members are usually overwhelmed with anxiety when a young child requires a manipulation or a surgical procedure. Several hip conditions require prolonged immobilization in a whole body cast that adds to the parents' stress. Any amount of education verbally cannot be retained during that stage. A detailed guide empowers the family with the knowledge that they can absorb at their own pace. Including all required information about a spica cast, answering commonly asked questions, and adding personal experience of a few parents makes this guide very useful. It will certainly improve the overall care of the child with fewer problems and better outcomes.



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Foreword

Orthopaedic treatment of children has progressed to a great extent. Still, we need to use hip spica for many children for their treatment after a fracture or after surgery. In most cases, the spica is applied for 4 to 12 weeks.

It is a great challenge for the family to manage the child during this period. Maintaining the hygiene of the private parts is the most difficult problem for every family. Very rarely, complications arising out of hip spica can be more problematic than the original problem for which hip spica is applied.

"Hip Spica - A Parents' Guide" is going to be a useful resource for the family. It is written in a very simple language keeping in mind that readers of this book are non-medical people. Wide variation in the home environment is also taken into consideration. This book is written so comprehensively that It will be very supportive to each child. It will also guide the family to care for their bundle of joy. Each tip will be useful to maintain cleanliness and keep the child cheerful during the whole period.

I am confident that caretakers will find this booklet practicable.



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Introduction

"Hip Spica" application is necessary to immobilise the children's lower extremities in various situations like hip dislocation surgeries and treatment of the fractures of thigh bone and infection around the hip joint. Parents usually become anxious and apprehensive about the care of the child with hip spica. This information booklet : " Hip Spica - A Parents' Guide" will discuss various aspects of care of the child who has been undergone hip spica application.

I am thankful to the clinical fellows and plaster technicians of Orthokids Clinic for their contribution to this important guide. I am grateful to the parents who have shared their experience and tips to make children comfortable with hip spica. I am also grateful to Dr. Mandar Agashe and Dr. Atul Bhaskar for their valued inputs.

I am sure this book will make your child's care in a hip spica easier.



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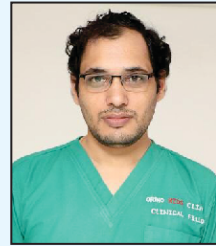
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Chapter 1:

Hip Spica - Definition, Purpose, Application, Types.

1. What is a Hip Spica?

Various conditions in children like congenital hip dislocation, fracture of the thigh bone or infections around the hip would require immobilization of the hip joint. To hold the hip joint in proper position, a plaster cast is applied extending from the torso to the toes, which is termed as "Hip Spica". Typically a Hip Spica starts from below the ribs, spans over the legs keeping the perineal area free and extends till the foot area.

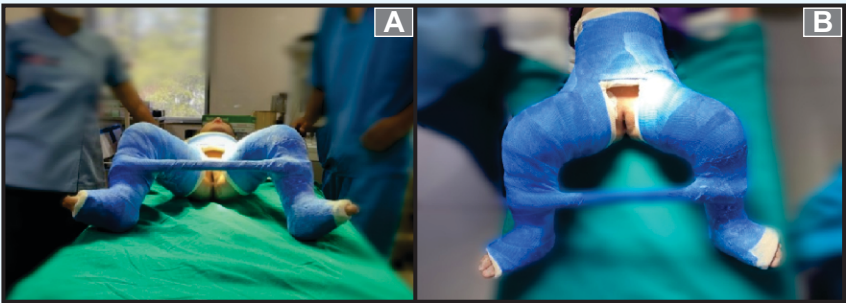


Figure 1 A, B : Hip spica.

2. Why is the Hip Spica applied?

The main purpose of applying the Hip Spica is to immobilise the hip joint. In the cases of congenital or post -infection hip dislocation, Hip Spica keeps the ball of the thigh bone well stabilised within the its socket. In the patients with thigh bone fracture, spica prevents the movement of the fractured bone fragments and thereby avoids pain. Hip spica also allows surgeons to maintain the



fragments in optimum position, so that fractures would heal well without any deformity.

3. How is the Hip Spica applied?

A Hip Spica is usually applied under General Anaesthesia. A specially fabricated spica table is used for Hip spica application (Figures 2A and B). Child is placed over the spica table and the torso is supported with Acrylic sheet with pre-mounted stockinette over it. A separate stockinette is used for both legs. The surgeon holds both the legs just below the knee to maintain appropriate positions of hips. Multiple layers of soft cotton roll are applied over the stockinette, extending from the rib cage to the toes. Proper padding is done around the bony prominences. Plaster of Paris bandage is rolled over the cotton and proper attention is given towards the moulding around the joints. Area around the hip joint is consolidated with extra plaster slabs. Position of the extremities is held to properly maintain the joint or fracture reduction. A bar is applied between both the legs to strengthen the stability provided by Hip Spica. Perineal area is properly cleared for the ease of care and wash. Finally, a fibreglass layer is applied over the plaster spica to maintain the hygiene and cleanliness. Finally, the spica is thoroughly checked for any tightness or skin impingement. Plaster edges are properly trimmed and waterproof adhesive tape is applied.



cleanliness. The spica is thoroughly checked for any tightness or skin impingement. Plaster edges are properly trimmed and waterproof adhesive tape is applied.

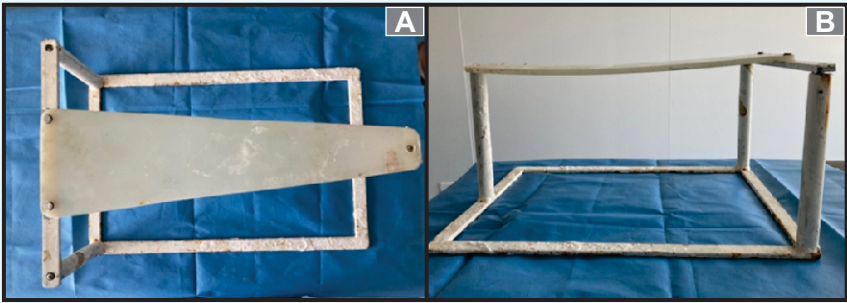


Figure 2 : Hip Spica table from A: Above B: Side

Hip spica has three distinct components (Figure-3). Abdominal part (one which lies over torso), leg part and an interconnecting bar. Interconnecting bar improves strength of the spica. It can be avoided in very young children.

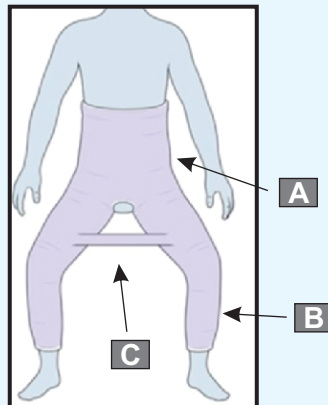


Figure 3. A: Abdominal part, B: Leg part, C: Interconnecting bar



4. What are the different types of Hip Spica?

- **Unilateral hip spica cast** — starts from below the rib cage and extends down to the foot of the affected leg, leaving the unaffected leg free from the cast.(Figure 4: A)
- **One and half hip spica cast** — starts from below the rib cage and extends down to the foot of the affected leg and to the lower thigh of the unaffected leg. Sometimes a bar is placed between both legs to keep the hips and legs immobilized and aid in lifting the child. (Figure 4: B)
- **Bilateral long leg hip spica cast** — starts from below the rib cage and extends up to the feet of both the legs. Sometimes a bar is placed between the leg parts to hold proper limb positions and to strengthen the spica. (Figure 4: C)

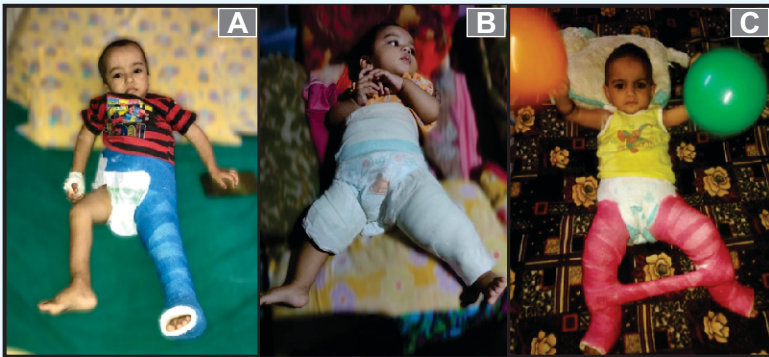


Figure 4 A : Unilateral Hip spica B: One and half hip spica, C: Bilateral hip spica



5. How to define a "Good Hip Spica"?

A "Good Hip Spica" should fulfil the following criteria:

- a. Well moulded spica at waist bone and around the bony prominences.
- b. Uniform two finger breadth space around abdominal area.
- c. There should not be excess hip abduction, flexion or rotation.
- d. Heels and buttocks should be in the same plane to avoid impingement by plaster edge along abdomen.
- e. There should be enough room for perineal area for better toilet care.



Chapter 2:

FAQs about Hip Spica Application.

Question 1: Why should opposite side be covered in the spica while the problem is only on one side?

Answer 1: By keeping the opposite hip joint free, it becomes difficult to adequately immobilize the affected hip joint. Child can move through hip joint by tilting the trunk on one side, which can compromise the desired position of the joint or bone fragments.

Question 2: Can we use only single plaster till upper thigh (high groin cast) instead of a hip spica?

Answer 2: By applying the plaster below groin, we fail to control the hip joint movements. This can lead to undesired displacement of the joint or bone. Through a high groin cast we cannot achieve the rigid stability of the hip joint and the joint may displace after the surgery.

Question 3: How long is the hip spica retained? How frequently does it need to be changed?

Answer 3: The time duration of spica depends on the underlying condition. The spica applied for Hip dislocation surgery typically lasts for 6 to 8 weeks. While for the fractures and post infection dislocation, it would be kept on for 3 - 6 weeks. Usually, the spica is not changed during hip dislocation surgery, unless the surgeon wants to check the wound site.

Question 4: What is the frequency of follow up examination for the child with hip spica?

Answer 4: Usually, we like to follow the child 2 weeks after spica .



application. This check-up is mainly to ascertain the joint or bone position in acceptable positions. We may advise to do a Check X-ray to confirm this. We also check the skin condition and integrity of spica during this visit. Parents are reinforced about the spica care and handling of child within spica. After the 2 weeks' visit, usually patients are called directly for the spica removal.

Question 5: How to check the position of hip joint in the spica cast? Is X-ray reliable or should CT or MRI scan be done?

Answer 5: X-ray with the spica on is adequate to assess the position of the bone fragments in children with thigh bone (femur) fractures. For children above the age of 12 months, where we can see the ossified ball of the thigh bone clearly, X-ray is preferred. For very young children where the ball is still cartilagenous, we may suggest to get a single cut axial MRI. This is also true for older children where we doubt the position of the ball of the thigh bone within the hip joint after surgery. Sedation or anaesthesia is not needed for getting an MRI as the child would not move within spica.



Chapter 3:

Care of a child with Hip Spica

Question 1: What are the points we should immediately look after spica application?

Answer 1: As mentioned earlier in the qualities of a " good hip spica", there should be enough space around abdomen, so that there is no compression over it. There should be at least two finger breadth distance between the skin and spica margin. One should also check for any impingement by spica margin along the back of abdomen or perineal region, when both legs are levelled. If this is the case, then appropriate elevation should be placed beneath the heel of on the feet. The margin of plaster should not be sharp to irritate the skin. If possible, soft liner should be applied around the margins of spica to prevent any skin irritation.

Question 2: What precautions should one take while applying a diaper on the child with hip spica?

Answer 2: It will require a bigger size of diaper than routine, when it is applied with spica on. One should make sure that the margins of diaper are tucked below the spica edges, so that the urine does not trickle out of it and make the spica edges wet. It is important to give the child some dry time, once the diaper is taken off. The perineal area should be kept dry.

Diaper care should be taught to the parents by nurses before the child is discharged. Diaper needs to be changed frequently to



prevent any diaper related rash. After cleaning the perineal area with wet wipes, one can make a thick layer of Vaseline (petroleum jelly) around orifice to prevent sticking of stool material. This will prevent diaper rash. Different anti-fungal ointments (Rash free) are prescribed if child suffers from diaper rash. Sometimes, talcum powder with antifungal components are also prescribed. By exercising proper diaper care and keeping perineal area dry, one can avoid diaper rash from happening.

Question 3: Can we lift the child with spica? Can we move or turn the child with spica?

Answer 3: Yes, the child can be lifted with the spica on. One should keep one hand below the trunk and other below the leg part so that there is no undue stress over joints or abduction bar applied over the spica. Parents can take the child on their shoulder, keeping one hand behind the torso and other below the buttock, and can move around. Child would like to be upright once their pain has settled down. This will also prevent the issues with prolonged lying down like respiratory infection, perspiration along the back and pressure sores.

At times, if the child wants to lie on their tummy, we can allow that. This can be done in parent's lap or on bed. One should carefully turn the head on a side, the legs should be well supported by pillows. Do not leave your child alone while they are doing 'tummy time'.

Question 4: How to make the child pass motion and urine in the spica?



Answer 4: Parents should try to keep the child's head and chest higher than the feet. This helps urine and stool to flow downward, away from the plaster cast. You may need to put a small pillow/ blanket/ mattress to keep your child's head raised. Some families prefer to put thin plastic liners across the plaster edges, especially along the back to prevent it from soakage. One can also use a bed-pan for this purpose.

Question 5: What care should we take at home for a child with spica?

Answer 5: Appropriate diaper care should be taken as described above. Doctors should be informed if the child develops a diaper rash or skin infection. The perineal and back area should be inspected daily for skin infection, excessive pressure by plaster edges, pressure sore or any foreign material which the child might have mistakenly inserted within spica.

Nurses will teach you how to position the child on the bed, on the lap and how to lift the child with spica on. Keep a close watch on spica strength. Immediately inform the treating surgeon, if you find the spica broken at any place.

Treating surgeon should be informed if there is fever, bad smell from within spica, breakage of spica or child is having excessive vomiting.



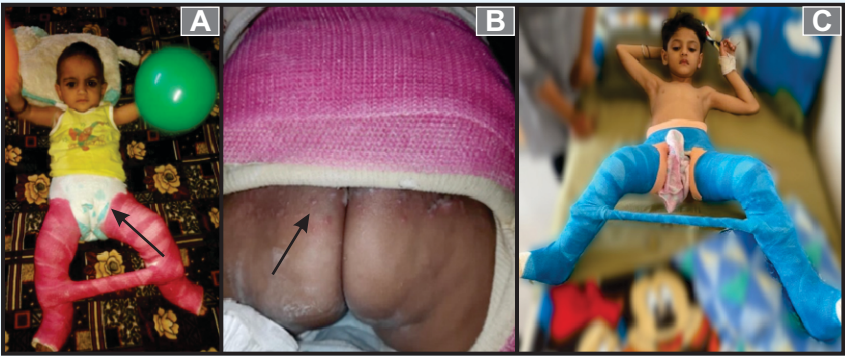


Figure 5 A: Diaper tucked under the spica B: Skin infection underneath the plaster edge C: Comfortable positioning of a child

Question 6: How should a child with hip spica be fed?

Answer 6: Child should not receive same amount of meal as it was having before the spica applied. Their meals should be divided in to multiple parts to prevent excessive gaseous bulging of stomach and resultant impingement by the spica. The diet should be soft enough for easy digestion. We usually suggest families to use fibre rich diet rather than the refined flour or packaged food to prevent constipation. One should also place cloth over the chest while feeding baby to avoid soakage of upper margin of spica. If a child fails to pass stool for a few days, the Pediatrician doctor should be informed. Sometimes, oral laxative or suppositories are used for evacuation of bowels. Prolonged constipation can become a cause of child's discomfort. It is advisable to provide calcium rich food like milk, curd, paneer, apple, banana and green leafy vegetables to keep bones healthy. Doctor would also prescribe oral Vitamin D supplements while the child is in the spica.



Question 7: How to bathe or clean the child with hip spica on?

Answer 7: We usually advise parents to sponge the child's body area outside the hip spica. Parents can use warm water and sometimes soap water followed by clean water for this purpose. Some families can comfortably wash the hair by keeping child from the edge of the bed. One should take all precautions to prevent the water to trickle inside the plaster edges, as the wet edges can become a source of skin infection.

Question 8 : What should we do if the child is constantly crying and remains irritated at home?

Answer 8 : One should try to find out the reason for it. Parents should confirm that the edge of spica is not impinging over skin anywhere. The abdomen should also be free from the plaster edge and there should not be gaseous distention. At times, irritation by some foreign body in the spica can also be the reason. One should lift the child and look for it through a torch light. If the child had been operated, the wound site should be observed for any abnormal fluid soakage or bad smell, which would suggest the wound site infection. Please refrain from inserting any foreign body for itching along torso, those can be left behind. The doctor can prescribe you an anti-allergic medication if there is excessive itching.

Question 9: How will my child sleep with Spica on? He usually sleeps on a side or on his tummy?

Answer 9: This question is posed by most of the parents. We have observed that children usually take a couple of days to get



accustomed to the new environment. They quickly adapt to the situation and become comfortable with it, earlier than expected time. At times, placing the pillow or folded blanket behind the back can help turn them partially. This should be done gently to prevent any pressure on the spica.

Question 10: What should we do if the Spica gets wet with urine?

Answer 10: First thing is to remember that care should be taken properly to stop that event from happening again. One can use thin plastic liners to prevent it. If it is wet with urine then keep the area open and let the air flow through fan, which will expedite the drying. Do not use blow dryer or any powder / chemicals to make it dry.

Question 11: Can my baby walk with the spica cast on?

Answer 11: Child is not expected to walk with the spica. You can hold him upright for a while, but child should not bear weight through spica. Sometimes, children are given unilateral spica for thigh bone fractures. With treating doctor's instruction, child can walk with the help of crutches. At any moment, integrity of spica takes priority.

Question 12 : Can my baby sit with the Spica cast on?

Answer 12 : If applied over both lower limb it is difficult to make a child sit over his/her buttock due to the fixed angle of the spica. But still sitting posture is advised with support of pillows and blankets at the back and legs hanging from the edges of the bed. Families in



Western world have used Car seats for this purpose comfortably.

Question 13 : Why is the synthetic cast used over the traditional plaster?

Answer 13: Synthetic plaster material (Fibreglass) provides more strength compared to conventional plaster of paris with less weight of the plaster material. Synthetic plasters are used when the spica should be on for prolonged period of time to help maintain the hygiene. Sometimes the traditional spica cast is strengthened with the fiberglass over it.

Question 14 : How is the hip spica removed? Does it need anaesthesia or can it be removed under sedation in the hospital?

Answer 14 : Hip spica is usually removed under short general anaesthesia. Movement of the child during spica removal is not desired, as the cutter machine can injure the underlying skin. We also wish to have the child steady & not moving till the spica is completely removed and the Hip Abduction Orthosis is applied (in cases of hip dislocation treatment). We also confirm the joint reduction under Image Intensifier once the spica is taken off. For spica removal under anaesthesia and placing the Hip Abduction Orthosis, child needs hospital admission for 3 to 4 hours.

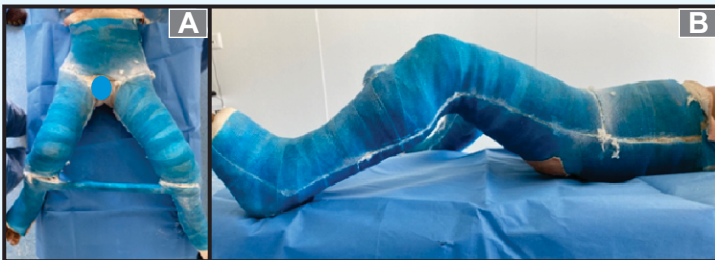


Figure 6 : A and B representative of the sequential (1,2,3) plaster cutting steps.



Question 15 : What is the process after spica removal? When can we start movements after spica removal?

Answer 15: Usually after spica removal (especially, in the patients of hip dislocation treatment), the child is placed in Hip Abduction Orthosis (HAO). This Orthosis (Figure 6) needs to be worn for full time for 2 weeks. After 2 weeks, we advise to wear it at night time. After 2 weeks, child can be made upright and gradually they can bear weight with support. Earlier on, they may remain bent from the knees and hips due to the in-plaster position of the joints. You may find them stiff earlier on, but gradually children will achieve full range of motion at all the joints. It is worth noting that, children who have undergone surgery for hip dislocation on one side, may demonstrate the operated limb apparently longer after surgery. This is because of tight hip abductor musculature. This will improve with time. Thus, children can walk with support once the HAO is removed for day time. They can gradually progress to walking without support as per their comfort.



Figure 7 : Hip abduction Orthosis



We also advise families to give oral Vitamin D while children are still in HAO, to maintain their bone health. We do not recommend any physiotherapy upon removal of Hip spica, as most of the children regain their range of motion spontaneously. Parents should avoid forceful manipulation of joints and extremities as sometimes it may injure the bone or muscles.

Question 16 : What are the warning signs, where parents should communicate with the treating doctor immediately ?

Answer 16 : If the following issues arise then you should contact the treating surgeon.

- a. Your child has constant vomiting and abdominal pain
- b. If the hip spica is found broken from any part
- c. Extensive skin rashes around perineal or back region
- d. If spica is found very tight at any part
- e. If you find bad smell or fluid discharge from the operation wound
- f. If the child is not able to void urine or pass the stool and there is associated pain



Chapter 4:

Hip Spica Stroller

One of the commonest complaint we face from parents after spica application in a child is the difficulty in mobilizing child. This reduced mobility can cause respiratory problems, recumbency related skin issues and irritability in child. A routine method is to put cushions/blankets or rolled up towels to make the child little upright with spica on. But that too does not allow the mobility. This process is also not very comfortable for the child for prolonged time and parents get tired by holding them for long. To avoid and address these issues, we designed a spica stroller. We were helped by one of our patient's father. Collectively we have come up with a mobile, comfortable, portable, easy to construct and relatively inexpensive " Hip Spica Stroller".

After using it in the last 20 patients at our centre, we found that the hip spica stroller makes child's post spica time comfortable. Families also report their satisfaction due to ease of child's care and comfort within spica. We have not found any incidence of displacement of bone fragment, dislocation of joint or breakage of spica due to its use. The Spica Stroller is provided to the families with minimum deposit and is returned back once the stroller is deposited back after use. The design of spica is provided herewith. You will also find the video of how to mount child over spica stroller and how the child can be mobilised with stroller in the "Important Videos" section.



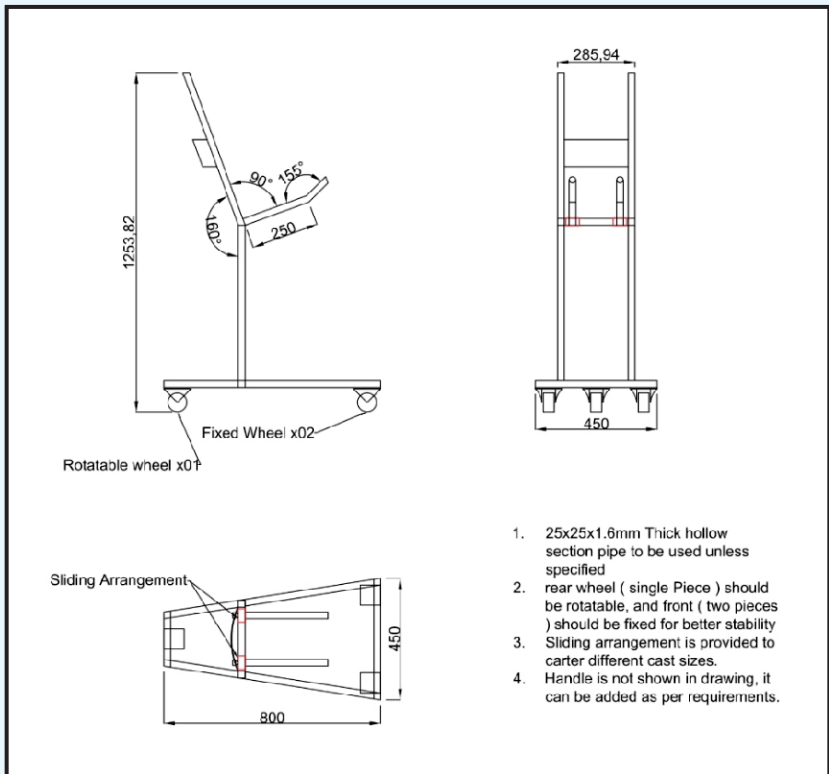


Figure 8: Design and parts of Hip Spica Stroller.



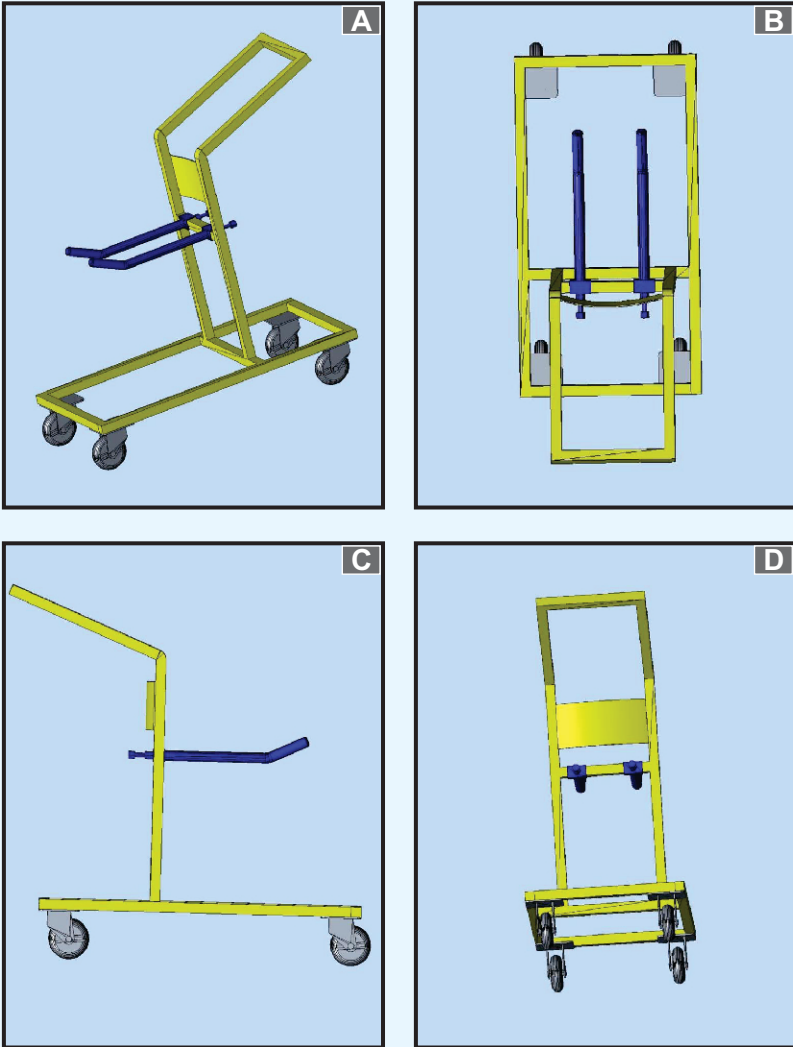


Figure 9 A,B,C,D: 3D Representative images of the Hip Spica Stroller Model.



Chapter 5 :

How to make a child comfortable in Spica?

1. Children like a walk or a stroll. Use a spica stroller to keep them mobilized and connect with the outer world.
2. Use bean bags to keep the child upright. This will prevent food regurgitation.
3. Once the child becomes painfree, indulge them into activities of their likings. Avoid excessive mobile/TV time.
4. Children like similar company. Involve them in play-time with other kids.
5. Avoid excess of packaged/ fast-food. Once in a while you can give a small treat.
6. Few parents encourage children to stick different stickers over the spica cast.



Figure 10 : Child with spica comfortable on a customised chair



Chapter 6 :

Parents' Experiences and Suggestions

- Patient's Name : Ekansh Purohit
- Parents' Name: Khusboo & Tarun Purohit
- Location: Udaipur, Rajasthan
- Hip Spica Applied for: Treatment of Developmental Hip Dysplasia



"Our son had bilateral hip dysplasia since birth and we always wanted to get him operated at a younger age and give him the better childhood experience as every kid should have.

So when we decided to get him operated, as parents, we were nervous regarding how he will cope up during surgery and long period of anaesthesia. We put up a lot of questions to Dr Shah about the procedure, complications that may occur during surgery and the recovery process, to our satisfaction he answered all our questions and beyond.

On the day of the surgery, Dr Shah and his team assured us to the fullest and again told us about the surgery process, alternate options in case of any emergency. Luckily surgery was done within the stipulated time without any complications and our son came back with one side operated and overall cast from his belly down. He is suggested to be in cast for 2 months and next 2 months in braces and then 2 months free to roam around. After about 6 months, he shall be operated on the other side and will have a similar recovery schedule.

It is now over a month after the surgery and we feel that it was a good decision to get him operated, though the recovery time is a few months but we are glad that we didn't let our mind cloud the decision. To be true, while he is in cast, life for him and us isn't the same. Moving him around and making him sit to play and eat was a challenge earlier but we used bean bags and also got a custom made chair just right for him, that helps to keep him upright and active.

We always try to be around him and keep him company, siblings play a major role in keeping him engaged through the day and yes sometimes the day and night feel so long, but it is all for his betterment so no complaint about it."



- Patient's Name : Dwija Vyas
- Parents Names : Pravin Priti Vyas
- Location : Bhopal, Madhya Pradesh
- Purpose of Hip Spica : Hip dislocation surgery



My daughter Dwija Vyas was one year and nine months old when she got operated for her dislocated hip. My experience about the hip spica was mixed. Mixed because, while it was absolutely necessary for our daughter, at the same time it was also about seeing her in an unpleasant condition. But as parents we realized that we had to be strong, calm and happy to make our daughter feel that everything is fine. Knowing that if she is happy then the difficult time will fly away very quickly.



I used to make my daughter feel comfortable by giving her full attention and by playing different games with her. She likes colors a lot, so we brought her colors and many more related games. We took her with us for night walks for which she was eagerly waiting everyday. We put our best efforts to keep her active in the spica. We tried to avoid giving her mobile because we realized that she used to get more irritable. Her father and I became her body for that 3 months and never let her feel that she was sick.

Now it's time to tell you how I took care of my daughter in spica. I used to give her dry wash with dettol everyday. I used to wipe her after every pee and loo. I used to keep my daughter diaper free in the daytime so the perineal area remain dry to prevent bad odour and to avoid infection and rashes. I used to keep my baby's body properly moisturized with coconut oil. I tried to make sure that she did not sweat as much as possible. I regularly used to give massage to her back and head twice a day. I washed my daughter's hair once in a week with shampoo and open area with soap without getting the spica wet.

We also paid attention to her diet and digestion because during the period the child is in spica, we have to feed them in a way that they get complete nutrition without getting overweight.

And in the last, I am very much thankful to Maulin Sir who always stood with us in our difficult time. He always answered each and every of our silly questions with a sweet smile which helped us a lot to come out of this time....



- Patient's Name: Jaisheel Pandit
- Parents Names: Dhruv and Pooja Pandit
- Location: Baroda, Gujarat
- Purpose of Hip Spica : Treatment of Developmental Hip Dysplasia



We were blessed with twin boys on 14th Nov. 2018. Since the 7th month's sonography, we were aware about one of them (Jaisheel) having the condition of club foot. But after our 1st visit to a paediatric orthopaedic surgeon, we also got to know that Jaisheel has TDH (teratological dislocation hip) as well, which is a very rare congenital condition observed in India.



We got the reference of Dr. Maulin Shah from 2-3 reliable sources. So we decided to hand over our case to him.

Jaisheel underwent surgery for both of his hips on 19th Feb. 2019. After the surgery, he was advised to be in the hip spica cast for at least 6 weeks. We were very overwhelmed and concerned about the size and weight of the hip spica as we were not familiar about this cast before. Although Jaisheel was comfortable due to soft padding of the cast, he took 3-4 days to get accustomed to it.

As it was necessary for his betterment, we strongly supported him by carrying him on our hands to and taking short walks around the house. Carrying him with the cast used to be painful for our hands and was not possible for longer hours; thus we have also designed and developed a stroller for him to enable long walks in a sitting position.

After a year, Jaisheel underwent another hip bone correction surgery and was advised to be in the hip spica again, but this time only for 3 weeks. As we were already familiar with the cast by this time, it was very easy for us to pass those 3 weeks.

Wrapping the diaper around Jaisheel during the hip spica period was made easy by initial support of Dr. Maulin's staff.

Now, after about 4 months of second successful surgery, Jaisheel can run as fast as his twin brother Jaival.

We had nightmares when we heard about Jaisheel's condition initially, but with kind & helpful guidance of Dr. Maulin Shah & his staff, we are now proud parents of a child who has not only beaten up TDH but also has won over his clubfoot condition without any surgery.



- **Patient's Name : Pranshu Shah**
- **Parents Names : Mr. Anup and Mrs. Minal Shah**
- **Location : Ahmedabad, Gujarat**
- **Purpose of Hip Spica : Treatment of Developmental Hip Dysplasia**



14 month old son of mine was a complete bundle of love and limitless energy. A night before his operation he had created complete chaos in very silent corridors of the hospital.

The nurses on duty were though equally happy to play at midnight with ever smiling baby. Our child who does not sit still for more than 30 seconds, the next morning was operated and then immediately put in the spica.



Considering his age, his spica completely covered his lower half of the body from abdomen to his leg, creating a complete 'V' shape interconnected with a bar. This completely restricted his limb movements, which was required for 2-3 weeks.

Spica was very well fitted in and with the right blend of material, it not only served post-operative recovery but was equally comfortable for a 14 months old boy. It did not result in any unnecessary itching, rashes during and after the time when it was removed

11 years later, my son underwent the second surgery and even after this surgery of the hip spica came to save the day. Major surgery was followed by 3 weeks in spica to restrict his movements. After two long sessions in spica for our son at very different time in his life, we can only say that hip spica is the most simplest and practical solution for post operative recovery periods.

But during those times, because of the spica our son was bed ridden, and we had to be very particular about his food intake. Because anything more or less would have led to constipation or loose motion and that would have added more stress to all of us.

He being a foodie, We tried to mix and match healthy stuff with tempting stuff. Also we watched lot of cooking shows and spent times playing games and talking about many things. We also had few impromptu movie times with just a touch of popcorn to keep him engaged.



Important YouTube Video Links :



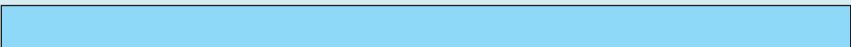
<https://bit.ly/2RMpyFN>

How to make a child comfortable in a Spica



<https://bit.ly/3wyUfNI>

Hip spica application technique



Message

“Hip Spica” application is necessary to immobilise the children's lower extremities in various situations like hip dislocation surgeries and treatment of the fractures of thigh bone and infection around the hip joint. Parents usually become anxious and apprehensive about the care of the child with hip spica. This information booklet : “ Hip Spica - A Parents' Guide” will discuss various aspects of care of the child who has been undergone hip spica application.

I am thankful to the clinical fellows and plaster technicians of Orthokids Clinic for their contribution to this important guide. I am grateful to the parents who have shared their experience and tips to make children comfortable with hip spica.

I am sure this book will make your child's care in a hip spica easier.

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