Reasons for Surgery
Surgery may be indicated for one of the following reasons:

• To correct a hip that is gradually coming out of the socket, or which is already fully outside of the socket.

• To correct a rotational problem in the leg that is causing the foot to excessively turn in or out.

• To lengthen tight muscles in the hips or legs that may be stressing joints.

• To reduce the likelihood of developing pain in the future.

The main goal of the surgery is to maximize your child’s function and improve his or her quality of life, and to decrease pain if present.

Following Surgery
Surgery will be performed at The Johns Hopkins Hospital. The post-surgery inpatient stay will range from two to four days. During the inpatient stay, the goal will be to monitor pain, review positioning and transfers, and work with you on a plan to have your child discharged and return home.

Your child will be immobilized and in a cast for three to six weeks. During this time, he or she may not be able to put any weight on his or her legs.

If your child will not be able to bear any weight during the healing process, he or she may require more assistance than usual with his or her daily routine.

Pain
Your child may be prescribed medication to reduce pain or muscle spasms after surgery. These medications should be taken as directed. Addressing pain will help your child become comfortable with changing positions and transfers.

As your child heals, his or her pain is expected to lessen over time, and pain medications will be adjusted as needed.

Equipment
Equipment may be needed after surgery. A hip spica cast, which begins at the lower portion of the trunk and extends through the length of one or both legs, may be applied to immobilize the surgical site. An abduction bar or hip abduction wedge may also be used.

When You Go Home
Wheelchair Rental
The Johns Hopkins Hospital will arrange for the rental of a wheelchair—with elevating leg rests, if indicated—for your child.

Transfers
If your child is not able to bear weight on his or her legs for transfers, two people will be required to lift your child in and out of the wheelchair.

In order to safely transfer your child, please follow these directions:

• Line up the wheelchair next to the bed, and remove the arm rest closest to the bed.

• One person should support your child around the chest, while the other person supports your child under both legs.
• Count to three together, then lift your child up from the wheelchair and transfer to the bed.

Positioning
It is important that while your child is in bed, he or she is repositioned every two to three hours to decrease pressure areas on the skin. Use pillows around hips and under heels to prevent pressure sores.

Range of Motion
Initially, there will be limitations in the movement that is allowed around hips and legs to allow for proper healing. Please consult with your doctor about which leg movements to avoid. Gentle range-of-motion exercises may be initiated by a physical therapist once your child has been cleared by the surgeon.

Following Cast Removal
Cast(s) will be removed after three to six weeks. At that time, X-rays may be taken by the surgeon to evaluate the healing process. Your child may be placed in a removable hip brace, knee immobilizers or a hip abduction wedge. At this point, your child will be ready for intensive rehabilitation through either an inpatient admission or outpatient setting. The surgeon will determine when your child is able to resume standing activities.

Equipment that may be provided after cast removal:

- Hip abduction brace
- Knee immobilizers
- Hip wedge to keep legs apart
- Ankle foot orthosis (AFO)

Return to Baseline
Your child may begin intensive physical therapy at approximately three to six weeks after surgery, after being cleared by the surgeon. Therapy may occur in an inpatient or outpatient setting. In therapy, your child will work on stretching, strengthening muscles, progressive weight bearing through standing and, if appropriate, training to walk again.

It may take about six months for your child to return to a baseline level. Some children may continue to see improvements and progress for up to a year after surgery. Your physical therapist will assist with equipment needs, training for transfers and positioning, and developing a home activities program.

School
Your child may miss several weeks of school due to the immobilization period, positioning with casts and the rehabilitation program. It is important that you initiate discussion with the staff at your child’s school to start the planning process and learn about options for home schooling, if necessary.