Guide to Bony Hip Surgery and Soft Tissue Releases

This information is a general overview of your child's surgery, recovery and rehabilitation. Each surgery is personalized and may differ slightly from what is described below.

Additionally, each individual recovers in their own way, and recovery could vary slightly from what is described below.

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 goals of the surgery are to maximize your child's functioning and improve their quality of life, and to decrease pain if present.

Following Surgery

Surgery will be performed at The Johns Hopkins Hospital. The postsurgical 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, your child's legs may not be able to bear any weight.

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

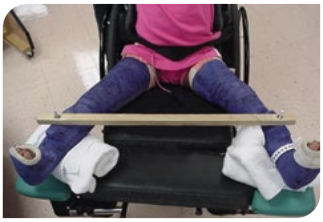
Pain

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, the 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.



Long leg casts with abduction bar

Hip abduction wedge

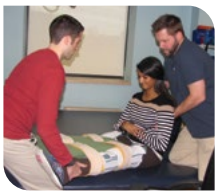
When You Go Home

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 their legs for transfers, two people will be required to lift your child in and out of the wheelchair.



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.

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Positioning

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

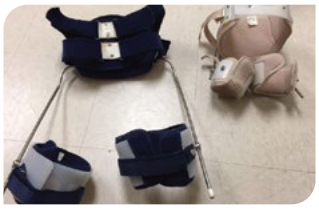
Range of Motion

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.

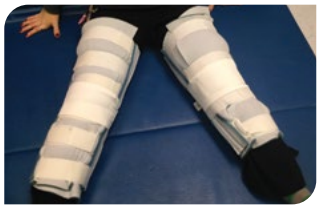
Following Cast Removal

Cast(s) will be removed at The Johns Hopkins Hospital three to six weeks after surgery. 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.

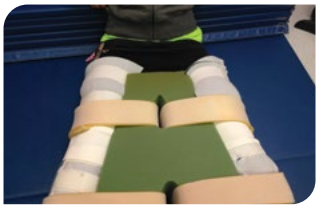
Equipment that may be provided after cast removal:



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.

Contact Information

For postoperative concerns (e.g., about pain, spasms, potential skin issues, etc.) or general care questions, contact:
Christine McDonal (routine): **410-955-9217**
The Johns Hopkins Hospital (emergency): **410-955-6070**

For Kennedy Krieger Institute correspondence requests, prescriptions, orders, letters and forms:
Holly Callanan, RN, and Charles Curry: **443-923-2700**

For Kennedy Krieger Institute clinic appointments, contact:
Doris Williams (routine): **443-923-2600**
Charles Curry (urgent): **443-923-2700**

To make an appointment with The Johns Hopkins Hospital's surgery-scheduling clinic, contact:
Kenya Robinson (Dr. Sponseller): **410-955-3137**
Christine McDonal (Dr. Varghese): **410-955-9217**

For medical records requests, contact:
Kennedy Krieger Institute Medical Records: **443-923-1825**
Johns Hopkins Hospital Medical Records (operative notes): **410-955-6044**
Johns Hopkins Hospital Radiology Customer Service (X-rays): **443-287-7378**

Please visit **KennedyKrieger.org** for more information.