

Spica Casts

Description

A spica cast is a type of cast that includes one or both legs as well as the waist. It is used for problems of the hip or femur (thigh bone) when the doctor needs to immobilize the entire upper part of the leg.

Uses

Fractures: Spica casts are used to treat femur fractures in younger children in order to avoid surgery or the placement of metal. This depends on the type and location of the fracture. Sometimes spica casts may also be used after surgery for femur and hip fractures to provide additional stability and comfort while the child is healing.

Hip Dysplasia: For children who are born with hip dysplasia (instability or poor formation of the hip joint), spica casts can play a role both as a treatment alone or after surgery. The cast allows for control of the hip joint to maintain position of the hip.

Cast Placement

Spica casts are often placed in the operating room or in a similar setting while a child is sedated or under anesthesia. This is because the cast takes time to put on properly and care must be taken to place it in a way that it will do its intended job.

The cast will cover the lower part of the belly and waist and include one or both legs. The cast is left open between the child's legs so that toileting and cleaning can take place.

The reason for the cast will determine how long a child will need to be in it. In the case of hip dysplasia, for example, children may need to be in the cast for 12 to 18 weeks. In this case, the doctor may change the cast every 6 weeks.

Dealing With the Cast

Cast Tips

- Watch the edges of the cast for signs of skin problems such as redness, abrasions or sores. Sharp edges can be filed down with a nail file. Padded edges can be protected with tape (duct tape works great).
- Discuss how to clean your child with your doctor- it often depends on the materials used to make the cast.
- In general, do not put anything down inside the cast. Things may get stuck or cause sores or scratches not visible because of the cast.

Clothing

- A lot of clothing is not necessary as the cast will cover much of the body.
- Larger clothing will often fit over the cast (big t-shirts, long night shirts, or loose dresses). Break away pants can work well for older children.
- Clothes may be adapted by splitting along the seams and attaching Velcro strips to fasten around the cast.
- The toes and foot can be covered with a sock when cold.

Diet

- Avoid food or drink that may trigger diarrhea.
- Smaller, more frequent meals may avoid bloating and tightness of the cast

Toileting and Diapering

- For children in diapers, tuck a smaller sized diaper into the front and back of the cast, under the cast edges. Then place a larger diaper over the cast to hold the inside diaper in place. This will help contain any mess.
- Positioning the child and the cast on a slight incline (head up) will allow gravity to encourage urine and stool to flow down into the diaper. The crib mattress can be slightly elevated on one end to facilitate positioning on an incline.
- The diaper should be checked frequently during the day (at least every 2 hours) and at least once overnight (every 4 hours). The diaper must be changed whenever soiled to prevent the cast from becoming soiled and to avoid diaper rash.
- With each diaper change, check for skin irritation, redness, blisters, or pressure spots.
- For older children, a bedpan and handheld urinal can be used. A wash cloth between the cast and skin may help prevent urine from leaking into the cast.

Bathing

- Give your child a sponge bath daily. Be careful not to get the cast lining wet.
- Avoid lotions, powders, and oils under the cast or around the cast edges. Powders tend to cake up and irritate the skin. Lotions and oils soften the skin and this may lead to a pressure spot from the cast.

Comfort, Positioning, and Activity

- Provide activities to entertain your child, such as books, crafts, board games, etc. Place things within reach to keep them entertained.
- A hair dryer on a cool setting may help with itching or dampness; powders or creams are not recommended inside the cast.
- Pillows, cushions, or a bean bag can be used to prop up your child into a sitting position during the day. Changing the child's position every 2 hours will help avoid a pressure sore.
- Protect the heels from pressure at all times, even if the feet are included inside the cast.

Transportation

- Special car seats or harnesses are often needed to fit the cast and child safely. The hospital may be able to assist with car seats.
- A stroller or wagon with pillows in the bottom may be useful for smaller children. A reclining wheelchair is helpful for larger, older children.

FAQs

Call Your Doctor If...

- The cast breaks or becomes loose
- The case seems too snug or tight
- The toes or foot become cold to touch, pale blue, and/or swollen
- Numbness or tingling of the toes
- The pain is worsening despite pain medicine or if your child is persistently fussy
- Cast is rubbing or pressing against the skin, causing skin irritation
- Pain or burning sensation inside the cast
- Something gets stuck inside the cast - this may lead to a pressure sore
- A foul smell, new drainage, or fever develops