Outpatient appointment will then be necessary to check on your child's progress.

What would happen if the condition is left untreated?
If left untreated the socket does not develop properly and your child will develop a painless limp when walking. Your child may also develop early arthritis in the abnormal hip joint which will cause pain.

How to comment on your treatment
We aim to provide the best possible service and staff will be happy to answer your questions. However, if you have any concerns you can also contact the Patient Experience Service on 0800 917 6039 or E-mail portsmouthhospitals.patientexperience@porthosp.nhs.uk

Consent- What does this mean?
Before any health professional examines or treats you they must have your consent or permission. Consent may be implied (e.g. offering a wrist for taking a pulse) or written (where you sign a form agreeing the treatment/operation). Young people are presumed to be able to give consent depending on their maturity and the nature of the decision. Where a child is not competent to give consent, only a person (or body) with parental responsibility may consent on the child's behalf. More detailed information is available www.dh.gov.uk

Information we hold about you and your rights under the Data Protection Act
Please refer to the booklet 'Your Healthcare Information – Your Rights! Our Responsibilities! for further guidance.

Other sources of information.
NHS Direct online, www.nhsdirect.nhs.uk Helpline: 0845 4647

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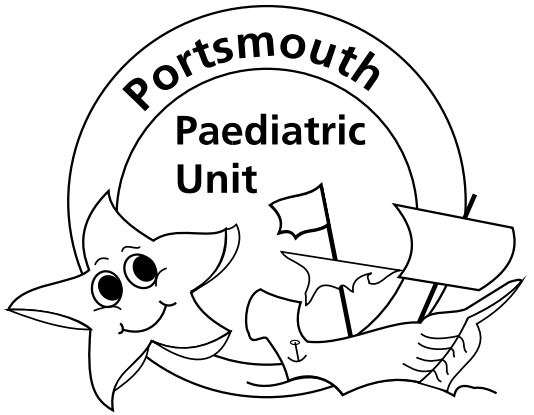
Portsmouth Hospitals NHS
NHS Trust

Treatment for developmental dysplasia of the hip

Information for parents



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Specialist Support
If you require this leaflet in another language, large print or another format, please contact the Health Information Centre Tel: (023) 9228 6757, who will advise you.

This leaflet has been given to help answer some of the questions you may have about **developmental dysplasia of the hip.**

The hip joint is a ball and socket joint made up of the femur (thigh bone) and the pelvis (hip bone). The head of the femur (ball) should fit into the socket of the pelvis.

Various problems may affect a baby's hip as it develops.

What is developmental dysplasia of the hip?

- Developmental = present at or after the birth.
- Dysplasia = has not developed normally.

The main aim of the treatment is to keep the ball in the socket of the pelvis. The shape of the socket can then grow and cover the head of the femur (ball) keeping it in the correct position.

What is the treatment for this condition?
One or more of the following treatment may be considered:-

Treatment 1
For early presentation a 'Pavlik' harness
Is used. This type of harness holds the hips in a position for proper hip development but also allows controlled movement. Your child will wear it all the time for up to three months.

Treatment 2
This is started if :-

- treatment 1 has not worked
- or was considered unsuitable for your child
- or for late presentation

Your child will be admitted to hospital and put into 'gallows' traction for a week. Traction means 'steady pulling' (see separate leaflet). This will gently stretch the tendons and ligaments so that the head of the femur will fit more easily within the socket.

After a week, when your child is asleep under general anaesthetic, dye will be injected into the hip joint. This test is known as an 'arthrogram'.

Use of a dye is necessary because a young child's bones are not fully developed and will not show up on an x-ray.

The dye fills the joint cavity (hollow space) and allows the hip joint to be clearly seen on the x-ray.

The next stage is 'adductor tenotomy'. When your child is asleep under general anaesthetic, a small cut is made in the groin and a tendon is cut. This helps to 'free' the head of the femur so that it will fit more easily within the socket. X-rays are used for guidance.

After the operation your child will be put into a 'hip spica' (see separate leaflet). Plaster of Paris will be applied from just below the nipple line, going down both legs. A wooden bar is fixed between the legs for support.

You should be able to take your child home at this point and we will show you how to take care of the plaster before discharge from hospital.

Six weeks later, the plaster will be removed and replaced with a 'broomstick' plaster on each leg, joined together with a bar in the middle. This prevents the head of the femur from dislocating out of the socket.

After this, the 'broomstick' plaster will be removed and night splints will need to be worn for six weeks. This protects the healing hip at night from pressure caused by your child lying in their side

Once night splints are not longer needed for your child, they will be checked on a regular basis in the outpatient clinic.

Treatment 3
This is also known as 'Open Reduction' and will be used if 'closed reduction' is unsuccessful.

Open reduction is performed by the consultant. When your child is asleep under general anaesthetic, a cut is made on the outer edge of the hip. The surgeon then clears the gap between the head of the femur and socket. This is to remove any structure that may be preventing the heard of the femur from fitting to the socket.

Your child's treatment will then continue as for treatment 2, a hip spica for six weeks, broomstick plaster for six weeks and night splints for six weeks.