

Glossary:

Traction: Your child will have a sticky bandage around their leg up to their thigh, which is then attached to a weight that hangs over the bed.

Physiotherapist: A trained therapist who treats injuries with exercises and other physical treatments. If you have any questions or concerns, please Shipwreck Ward, A8 at Queen Alexandra Hospital. Tel: (023) 9228 3344 or your GP.

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.

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

Other sources of information:

NHS Direct online:
www.nhsdirect.nhs.uk
Helpline: 0845 4647

Slipped upper femoral epiphysis

Information for parents



Shipwreck Ward
Queen Alexandra Hospital, Cosham
Tel: (023) 9228 6391

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 you to help you answer some of the questions you may have about your child's **Slipped Upper Femoral Epiphysis**

What is slipped upper femoral epiphysis?

Children have growth plates at the end of their bones (physis). A slipped upper femoral epiphysis is when the head of the femur (thigh bone) slips out of the neck of the femur.

What causes it?

The cause is unknown and it tends to be more common in boys aged between 11 to 14 years old.

What are the symptoms?

Your child will complain of pain in either the groin or the knee. They may have had mild pain for a couple of months (if it's a gradual slip) or suddenly have pain (acute slip). The pain will limit their movement and cause them to limp, most commonly with their foot turned outwards.

What tests will be needed?

X-rays of the hip will confirm the diagnosis and give an indication of the severity of the slip. A blood test will be taken before having the operation to correct it.

What is the treatment for this condition?

The aim is to stabilise the growth plate to prevent further slippage. Your child will need to be on bed and may have skin traction to both legs for 1-2 weeks. They will be given medication for pain relief. An operation will then be performed.

The type of operation depends both on the amount of slip and the speed of onset.

For a mild to moderate slip, one or more pins will be inserted across the growth plate securing the head of the femur. Your child will be on bed rest for a few days before getting up on crutches, as taught by the physiotherapist.

For a severe slip, a major operation may be necessary to reconstruct the hip.

Your child may need a period on traction after this operation.

The physiotherapist will then use hydrotherapy (physiotherapy in water) to strengthen the leg before teaching your child how to walk on crutches.

In younger children, there is a 1 in 3 chance of the other hip being affected even if it has not already done so. After careful discussion between parents and the consultant, pinning may be carried out to prevent this happening.

All operations will be carried out under general anaesthetic (your child will be asleep). Pinning requires one or two cuts in the skin of the upper thigh.

What are the benefits of an operation?

Normally pain, limp and turning out of the leg rapidly settle after pinning and therefore mobility is improved.

What are the risks of the operation?

All surgery carries a risk. General complications are rare but infection of the wound does occur occasionally. The position of the pins may not be ideal, particularly if there is a major slip and this may result in persisting pain. Re-operating is sometimes necessary.

Are there any alternatives?

If this condition is left untreated the slip is likely to progress and produce severe deformity with associated complications. Early diagnosis and treatment is very important as a delay may lead to avascular necrosis (death of bone due to blocked blood vessels), stiffness and early arthritis.

Caring for your child at home

Your child will be shown how to walk using crutches by the physiotherapist. They may need to use their crutches for up to 6 weeks after the operation. The physiotherapist will discuss with you any foreseeable problems at home, such as a need for a wheelchair.

An outpatient appointment will be arranged for 6 weeks after going home. A children's community nurse may visit and check your child's wound at home. The stitch is removed 10-14 days after the operation.

Contact sports like football, rugby, netball and gymnastics are not advised for 3 months.