

## INFORMATION FOR PARENTS / CARERS OF A CHILD PELVIC OSTEOTOMY FOR DDH (*Developmental Dysplasia of the Hip*)



### **Osteotomy**

The term Osteotomy refers to reshaping a bone. When the pelvic side of the Hip socket is reshaped this is called a pelvic osteotomy. There are several different types of pelvic osteotomy and the surgeon's decision depends on the shape of the child's dysplastic socket. Bones in young children can bend and re model after surgery when the socket is stable.

When the upper end of the thigh bone is re-shaped this is called a "Femoral Osteotomy"

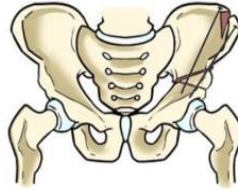
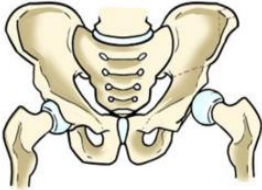
A pelvic Osteotomy can be done alone, in combination, or together with a hip reduction.

### **Examples of Pelvic Osteotomy**

- A Salter Osteotomy (Innominate Osteotomy)
- A Pemberton Osteotomy
- A Dega Osteotomy

### **Salter Osteotomy**

The Salter Osteotomy is often performed when the socket is shallow and doesn't sit on top of the ball at the top of the thigh bone (femoral head). A wedge of bone (graft) is taken from the top of pelvic bone. The pelvic bone is cut and the entire socket is rotated into a better position with the graft inserted. Pins are used to stabilize the graft until the osteotomy has healed.

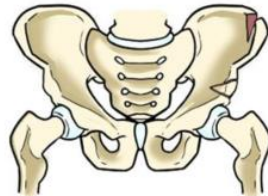


### **Pemberton Osteotomy**

This osteotomy hinges the acetabulum (the socket) down over the head of the femur (thigh bone). This is done when the socket is too wide and too shallow. Pins are not usually used. This also involves a wedge of bone (or graft) being used.

### **Dega Osteotomy**

This is similar to the Pemberton Osteotomy, which has a slightly different final orientation of the socket. Pins may or may not be used.



Your Surgeon will discuss with you which procedure / Osteotomy is most suitable for your child.



## **Arthrogram**

An Arthrogram (X-Ray with dye injected into the hip joint), can help the surgeon decide on the best type of osteotomy for your child.

## **Day Case Pelvic Osteotomy**

**Some children can be offered this surgery as a day case procedure depending on an agreed protocol.**

- Children living within a certain distance of the hospital
- No Anesthetic issues
- Parents are supplied with a prescription on the day of surgery which must be filled before the child is discharged. The DDH CNSp will discuss this with you.
- The child has surgery in the morning and stays on the Surgical Day unit until at least 5pm.
- If the child is deemed unfit for discharge by medical staff, then they must stay overnight.

## **Inpatient Pelvis Osteotomy**

The child is admitted the day before surgery and typically is discharged the day after surgery.

## **Post-Operative**

- Most children are treated in a hip abduction brace after pelvic osteotomy. The DDH CNSp will discuss with you the type of brace, if one is to be used and the care of your child in this brace.
- There are two types of brace used: A foam hip abduction brace, which immobilises both legs and a hinged hip abduction brace, which immobilises the operated side only.
- The age and size of the child will determine the type of brace that will be used.
- In some cases, your surgeon may decide that a Hip Spica cast post operatively, is preferable. The DDH CNSp will discuss this with you.

- Your child will need a suitable car seat for safe travel home which is compatible with the brace/ hip spica. We will provide you with information regarding a car seat, which you can rent for this purpose and would ask that you organise this in advance of the surgery date.

**The wound site will have a post-operative dressing in place and the DDH CNSp will discuss wound care with you.**

- The dressing can be left in place for 5 -6 weeks.
- If it needs to be changed at 2 weeks, the DDH CNSp will discuss this with you.
- If there is excess bleeding, you must return to the Emergency department.

**Pins may be used depending on the type of Osteotomy. Pins may be dissolvable or may need to be removed 6- 8 weeks later. If they need to be removed this will involve a general anesthetic as a day case procedure. You will be informed about this.**

**Important points to remember**

- You will receive an appointment to return at 5/6 weeks to your Surgeons Outpatient Clinic. An x-ray will be taken in brace / spica and then the brace / spica may be removed.
- Your child may limp for weeks after this procedure.
- Physiotherapy is not required.



**Please contact the DDH CNSp or Orthopedic Registrar, if you are worried about your child at any stage.**

