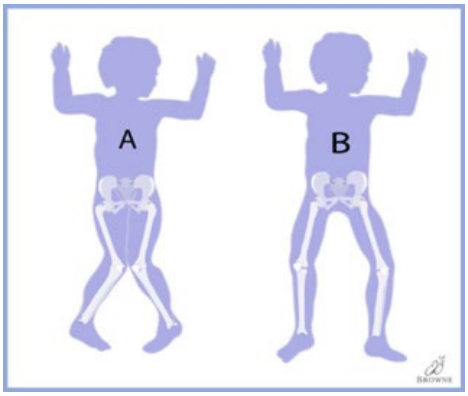
# Femoral De-Rotational Osteotomy

## Why does my child need this surgery?

This surgery treats two different problems. One is a damaged hip joint caused by extreme tightness or pulling (spasticity) of the hip muscles, especially the muscles in the groin. Very tight muscles can gradually pull the hips out of their sockets (dislocation). This may not hurt while it is happening, but, in time, it will become very painful for your child.

This surgery can also help a child who walks with the feet turned in sharply. Not every child with this condition needs surgery! A lot of children go through a stage where they walk with the feet turned in from the hip (femoral ante version). Almost always, normal muscle pull fixes the problem without any treatment.

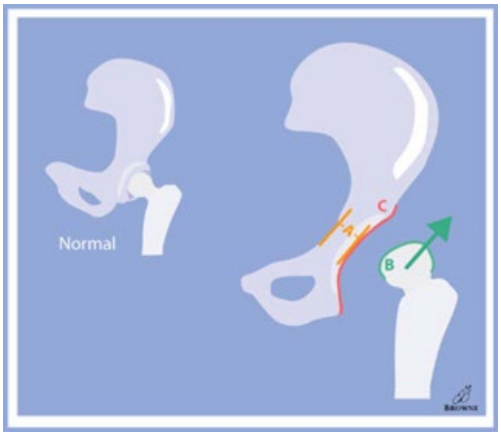
But children with cerebral palsy can have such strong, abnormal muscle pull that the feet never face forward on their own. Without surgery, walking can be very hard for these children. Braces cannot prevent or correct problems like these.




## What happens during this surgery?

The word "osteotomy" means breaking the bone in the operating room. The surgeon cuts the thighbone (femur) and repositions the bony ball at the end of the femur in the hip socket. Sometimes the surgeon also operates on the socket to make it a better fit for the femoral ball. When both hips are damaged, the procedure is done on both sides.

For a child whose hips have come out of their sockets due to spasticity, the surgeon turns the legs out. For a child whose feet turn inward due to femoral ante version, the surgeon turns the legs to point straight ahead. A metal plate holds the two parts of the cut femur together in the new position. The surgeon may also need to lengthen some muscles in the groin during surgery.




Metal plates used in this surgery are completely inside the body. You cannot see them, but you may notice that they emphasize the shape of the hips, making them look wider.

Because a plate is very strong, a cast is rarely needed after surgery.

## What are the incisions like?

The surgeon cuts a lengthwise incision several inches long on the outside of the hip. If surgery is also done on the pelvic socket, another, smaller incision is cut higher up. If the groin muscles are treated, incisions are small (one to two inches), and hidden in the groin crease.

## What happens after surgery?

Unless your child has another procedure that requires casting, a cast is usually not necessary with this type of surgery. A cast is needed only if the bone is very soft or if the femur seems unstable when it is repositioned. This rarely happens. You will see soft padded bandages over the incisions and possibly a soft pillow-like device between the legs to keep them spread apart.

Femoral de-rotational osteotomy surgery is not considered high-risk, but it takes longer to recover than from many other procedures. The femur is the largest bone in the body. When it is cut, it takes time to heal. Care can be difficult because you have to move the child's hips for activities of daily living, such as toileting and dressing.

Your child will probably stay in the hospital four to five days after surgery. It may take longer if other procedures have been done at the same time.

# Femoral De-Rotational Osteotomy

## Will my child be able to walk?

We want children to be up on their feet before they go home from the hospital. If your child walked without walking aids before surgery, we will probably recommend a walker in the beginning. Children who used walking aids before surgery will also need extra support during recovery. It is important to remember that each child's recovery is different.

## Will my child be able to ride in the car?

Yes, as long as your child is not in a cast, it should not be hard to position them for car rides.

## Will my child have pain?

Yes, your child will need pain relievers and muscle relaxants at first. Our staff is trained to help make patients as comfortable as possible. You child may get an epidural in the operating room to help with pain for the first few days after surgery. An epidural is given through an (IV) intravenous line into the epidural space near the spine. This IV will be removed before your child leaves the hospital. Once you go home, please call the office if pain is a problem or the pain medication your child's doctor prescribed causes side effects.

## Will my child need physical therapy?

Yes, therapists will work with your child at the hospital bedside first. If your child used a walker before surgery, your child will practice walking with their walker before leaving the hospital. Your doctor will give you a prescription for physical therapy when you take your child home. A Nemours social worker will help you arrange therapy. You can help by asking your insurance provider in advance what your coverage is for physical therapy. Please try to do this before surgery if you can.

## When will my child have to come back to see the doctor?

The first visit is typically four weeks after surgery. **AN X-RAY WILL BE TAKEN AT THIS APPOINTMENT.** Please check with your insurance provider now to see if you need to get X-rays at a facility outside Nemours. If so, ask your care team for an X-ray prescription before your child leaves the hospital after surgery.

## When can my child return to school and ride the school bus?

On average, it takes four weeks from surgery before a child is comfortable enough to ride the bus and sit through a school day. Much depends on the length of the bus ride and how willing the school is to help them adjust.

## How long will it take until my child completely recovers?

Every child is different. The femur (thighbone) typically heals in three to six months. If your child has had other procedures, healing may take longer. Even after bones and muscles heal, you will see changes in the way your child walks for up to a year.

## Will the plate(s) need to be removed?

In some children, who are very slim, the plate or plates may be obvious and a bother. In very young children, the surgeon may decide to remove plates before there's a growth spurt. Removing plates is a very minor procedure. It is typically an outpatient surgery that uses the same incision. Since no bone is cut, there is much less pain.

## Will this surgery need to be repeated again later?

If surgery was done to correct a dislocating hip, it is almost never repeated. If it was done to help a young child whose feet turned severely inward, it is possible that the problem could come back. This is why we try to postpone surgery until a child is nearly grown. However, if a young child can barely walk, it may be better to take care of the problem right away — even though it may come back later.

## What are the possible complications with this surgery?

Infections and fractures (bone breaks) are possible but do not happen often. When these complications do occur, they respond well to treatment. An unexpected fracture can increase recovery time.