

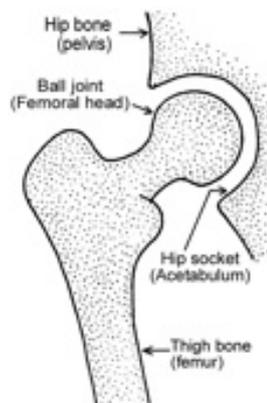
Child health information factsheet

Shelf acetabuloplasty

Shelf = the placement of the bone to form a shelf over the femoral head.

Acetabuloplasty = the shape of the acetabulum (hip socket) is surgically changed.

An operation is needed to make the hip socket larger so the femoral head sits better in the socket. This will improve the range of movement in the hip and protect the femoral head. It can be used in the treatment of perthes disease or developmental dysplasia of the hip.



Your child will need a general anaesthetic (medicine given to make you go to sleep) for this operation. A cut is made in the skin on the outside of the hip and a small amount of bone is removed from the iliac crest, (the part of bone you hold when standing with your hands on your hips). This grows back fully in a few months and does not affect the function of the pelvis. The small piece of bone is placed on the outer edge (shelf) of the hip socket and held in place by the muscle that runs along it.

After the operation your child will have a dressing to cover the wound. Usually one long stitch is used which is removed in clinic two weeks after the operation.

Pain relief

Your child will be given pain relief so he or she is comfortable after the operation. The anaesthetist will discuss this with you.

After surgery

Depending on the consultant's instruction your child may be kept:

- On bed rest with simple skin traction
- The leg may be supported in a sling
- A hip spica plaster may be applied.

This keeps the leg in its correct position. It also helps to reduce pain by resting the hip joint and reducing muscle spasm.

Skin traction: The leg is put into traction and bandages and weights are attached to the end of it. Your child will have to stay in bed while on traction. It may be kept on for two to three days, or as decided by the consultant.

Slings: Two canvas slings are placed under the affected leg and attached to a spring system lifting the leg a small amount off the bed. This allows the hip to gently move with the movement of the spring.

Single hip spica plaster: This is a plaster that starts at the waist and goes to above the knee on the side that has been operated on, leaving the other leg free.

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The nursing staff, occupational therapist and physiotherapist will help and teach you to care for your child at home.

When advised by your consultant your child will be allowed to walk using crutches, non weight bearing (no body weight put on the affected leg) or partial weight bearing. This protects the hip joint while it is healing. A physiotherapist will give your child crutches and teach them how to walk using them. You will be told in clinic when he or she can start to mobilise normally.

Going home

When you leave the hospital you will be given an outpatient appointment for two weeks time. The wound will be checked and an x-ray may be taken to check the position of the bones. Your child will have regular outpatient clinic appointments where you will be given the next stage advice.

Usually children can return to school on their crutches after the first outpatient appointment. It is advisable to contact the school before they go back.

Your child will be advised not to do sports for about three months. You will be told when it is safe for them to return to sporting activity at a clinic appointment.

Possible complications

The healthcare team will make your child's stay in hospital and the treatment they receive as safe as possible. However complications can happen. You should ask the healthcare team if there is anything you do not understand.

The anaesthetist will be able to discuss with you the possible complications of your child having an anaesthetic.

Pain relieving medicine will be given as prescribed by the anaesthetist or the doctor.

Bleeding can happen during or after surgery.

If the surgical wound becomes infected it will usually settle with antibiotics but may sometimes need further surgery.

Scarring of the skin may occur as a result of the surgical cut.

There may be altered feeling at the operation site, this may be temporary or permanent.

If you have any questions or concerns please contact

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If you need a translation of this document, an interpreter or a version in large print, Braille or on audio tape, please telephone 023 8079 4688 for help.