**Nev Davies - Reading Children’s Orthopaedic Unit**

**Information for Families**

**Developmental Dysplasia of the Hip (DDH)**

**Stage 3 / Plan C: Treatment with Open Surgery and Hip Spica**

**What is DDH? (Please also read the general information leaflet)**

The hip is a ball and socket joint. DDH is a spectrum of conditions ranging from an underdeveloped shallow hip socket through to a ball that is dislocated (out of the socket).

**[Click Here](https://nevtheknee.co.uk/nev-davies-img/Hip-Surgery-and-Spica-Cast-Care-1-1.pdf)**

**[Steps Charity Guide](https://nevtheknee.co.uk/nev-davies-img/Hip-Surgery-and-Spica-Cast-Care-1-1.pdf)**

**[Hip Spica](https://nevtheknee.co.uk/nev-davies-img/Hip-Surgery-and-Spica-Cast-Care-1-1.pdf)**

**Treatment with Open Surgery & Hip Spica**

Stage 3 or Plan C is used for older patients who present over the age of 12 months and those who have failed treatment by a trial of closed reduction. ([See separate info sheet)](https://nevtheknee.co.uk/nev-davies-img/Caring-child-with-hip-spica_mar19.pdf)

**What does this operation involve?**

This procedure is done under a general anaesthetic (your baby is asleep). The anaesthetic doctor will come and meet you on the morning of the procedure to go through everything with you. (Please also watch this [YouTube video](https://www.youtube.com/watch?v=0QfFL2CGkU0) to help you prepare.) It is very safe to have a general anaesthetic even in small babies. Through a scar in the bikini line the hip is opened up and any blocks to reduction are removed. The hip is carefully located into the socket and the floppy hip capsule is double breasted and tightened to prevent it from coming out of joint. Depending on each individual case a bony operation to change the shape of socket or ball (or both) may be needed. The wound is closed with dissolvable sutures and a hip spica or pair plaster trousers are applied.

**What is the aftercare?**

**What are the outcomes?**

The operation is usually extremely successful at relocating the hip in joint. It is crucial to follow patients up regularly and carefully in order to check the hip starts to develop normally and there are no other issues

**What happens if it is successful?**

Families stay the night to check all is well with the hip spica and a CT scan (3D detailed X-ray) is organised the next day to double check the hip remains in joint. We then see you in the outpatient clinics for check-ups and X-rays. Hip spicas last about 6-8 weeks before they need to be changed as your baby is growing. It also allows us to check the hips again under a day case anaesthetic. The 2nd Spica is usually kept on for a further 4-6 weeks. We then may use a removable brace for a period of time and monitor the progress of the hips in clinic both by examining regularly and getting X-rays.

**Are there any risks to this procedure?**

Rubbing and blistering – sometimes babies’ skin can be sensitive and rub under the plaster.

Avascular Necrosis / Growth arrest – this is the complication we fear most, and it can occur if the hip is reduced but put under too much tension. The blood supply to the delicate part of the head and growth area can be disrupted and the head can become oval shaped instead of a sphere. If this happens further surgeries maybe needed.

Failure to get the hips in or hips that re-dislocate moves us on to Stage 3 / plan C (for more information see our separate information leaflet).

We will follow your child up regularly in the outpatient clinic until we are happy the hip is developing normally both clinically and radiographically (x rays).