



SPICA CAST CARE FOR THE OLDER CHILD AND HIS/HER CAREGIVER

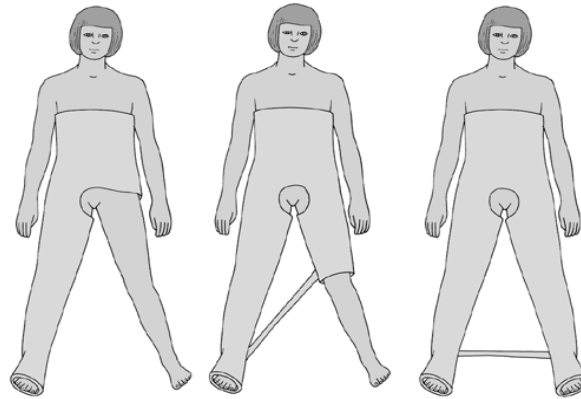
WHAT IS A SPICA CAST?

A SPICA cast is applied after different types of leg or hip surgeries, tendon releases, or after a broken bone. Although the cast may seem bulky and awkward, it serves a very specific purpose: to immobilize the hip(s) or broken bone, and maintain the corrected position.

CARE OF THE HIP SPICA CAST

Keep the cast clean and dry!

Cast care and skin care are closely linked. If urine or bowel movements are allowed to remain in contact with your skin, breakdown is likely. This should not be painful, but can also impede the corrective process if the cast must be removed due to skin problems.



Unilateral Hip
Spica Cast

One and One-half
Hip Spica Cast

Bilateral Long-leg
Hip Spica Cast

You should have a heavy-duty waterproof tape applied around the genital area to help prevent soiling. The waterproof tape can be washed with soap/water, and then dried if soiled. *If addition to plastic strips, incontinence pads should be used to further protect the cast and skin of the child who may be incontinent.* Place a pad across the diaper area, tucking it under the front and back edges of the cast. Then diaper the child as usual. Remember, no cast opening or child's surgery is the same.

Cleaning the cast:

- Use a damp cloth and a small amount of cleanser to clean a soiled cast.
- Toothpaste may be applied with a small brush and wiped off. This can also help with odor.

Drying the cast:

- If the cast becomes damp, exposing it to air by positioning patient on his/her belly with pillows until his/her belly.
- A hair dryer may also be used to dry the cast on a warm or cool setting (NOT HOT) for 10 or 15 minutes. The hair dryer should be 10 to 12 inches away from the area being dried and should not come in contact with the skin.

Toileting:

- Elevate your head and shoulders with pillows when on the bedpan. This will help prevent urine from running backward and inside the cast.
- A gauze or cloth pad or small folded towel placed on the back rim of a bedpan will absorb any moisture and help keep the cast dry.
- For the female patient, placing toilet paper in the bed pan can reduce the splash back onto the cast.
- For the male patient, the neck of the urinal can be extended by adding a paper cup with the bottom cut out.

Bathing:

- You will need a sponge bath daily.
- Be careful not to get the cast wet.
- Using a damp cloth, reach under the cast edges to remove plaster crumbs, food particles, and the like. You may apply rubbing alcohol to the skin around the cast edges to prevent skin breakdown.
- Do not use lotions, powders, or oils under the cast or around the edges. Powders have a tendency to "cake" and lotions and oils will soften the skin, making it easier for the skin to breakdown.
- Do not apply the alcohol to a blistered area or an incision site.

Skin and cast inspection:

- Your Caregiver will need to help with skin and cast inspection at least 4 times a day.
- Observe cast for cracks, dents, softening, increasing tightness or looseness, or drainage from your skin.
- Your Caregiver will also need to check your toes for color, change in color and/or sensation. This can indicate that the cast is too tight.

Assist with Positioning and turning:

- A patient in a SPICA cast needs to change positions at least every 4 hours.
- You may need help to elevate your head and upper body at all times. This allows for better positioning of the hips down in the cast and allows gravity to pull urine/stool away from the cast.
- When lying on your stomach, place a pillow underneath your hips and chest for optimal positioning.
- Heels should be free of pressure when your back. Protect the toes from touching the mattress when your child is on his/her stomach by placing a pillow or rolled towel beneath the ankles.
- In some instances, a wooden bar is placed between the legs of the cast and incorporated into the cast. The purpose of the bar is to stabilize the legs.
- DO NOT** use the crossbar to turn your child, as it may break off. When helping your child turn, encourage him/her to keep arms extended above his/her head.

Transporting:

- Special arrangements may need to be made for transportation depending on the size of the cast.
- An “Easy-on Vest” may be used to strap into the back seat of the car.
- If you are taller than the width of the back seat of the car, an ambulance transfer home may be a necessity.

HELPFUL SUGGESTIONS:**Out of Bed:**

- The patient should be out of bed for periods of time throughout the day.
- If needed, a wheelchair will be ordered for mobility.
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Mobility and travel:

- Travel with several extra pillows to aid in positioning in restaurants and other places.
- A Lazy Boy recliner is helpful to elevate and support your legs.
- Beanbag chairs are comfortable and work well for activities.

Diet:

- Avoid any fruit juices or foods, which cause loose stools or diarrhea.
- The first few weeks after surgery may not be the time to introduce new foods to your diet.
- Decrease amount of fluids in evening before bedtime.

Telephone numbers:

For nursing questions about your child’s care you may call 434 924-4000.

If you need to make an appointment or talk to your doctor you may call the Pediatric Orthopaedic Office Monday-Friday 8:00 to 4:30 p.m. at 434 982-4215 or 434 982-4214