

# Caring for your child after an orthopaedic procedure in the children's day surgery unit

This leaflet gives you general guidance on caring for your child after an orthopaedic procedure in the Evelina London children's day surgery unit. The leaflet applies to procedures on an arm or leg (limb). If you have any more questions or concerns, please speak to a doctor or nurse caring for your child.

## After your child's procedure

### When can my child go home?

Your child can go home on the same day as their procedure when they:

- feel comfortable
- can manage (tolerate) their usual food and drink
- are not feeling sick (nausea) or being sick (vomiting)
- are behaving as they usually do

### Who does my child see before we go home?

The surgeon or nurse checks that your child has good feeling (sensation), movement, colour and warmth in the treated arm or leg (limb).

A physiotherapist may also review your child. Depending on the procedure or injury, we tell you how much weight your child can put on their arm or leg. We explain if they need to use any supportive equipment, such as:

- a cast (a hard bandage made of plaster or a type of plastic called fibreglass with padding that holds the arm or leg in place while it heals)
- a plaster shoe (if your child can stand or walk in their cast, they may need to wear a plaster shoe when moving for safety reasons)
- a splint or boot (a device that holds the arm or leg in place while it heals but may be removable)
- a sling (a device to limit movement of the arm while it heals)
- a brace (a device to support a part of the body, hold it in a fixed position or limit range of movement during the healing process)
- crutches (a walking aid to reduce the amount of weight placed on the leg or foot)

### How can my child travel home safely after the procedure?

We may give you guidance on travelling home safely after the procedure. Please supervise your child carefully on the journey home. According to the sudden infant death syndrome (SIDS) guidelines, it is best to avoid long car journeys for babies under 1 year of age.

If you travel home by car, it is important that:

- you stop for frequent breaks to feed your baby and change their position
- an adult sits with the baby in the back of the car

## Managing your child's pain at home

### How can I manage my child's pain after their procedure?

We may give your child a nerve block during their procedure. This is when the anaesthetic specialist (anaesthetist) injects a numbing medicine around a nerve to block pain. Your child's feeling (sensation) in the limb may then be different for 18 to 24 hours before returning to normal. It is important to review this at home and contact us if your child's limb still feels numb, weak or tingly after 1 day.

During the first week, it is best to keep the treated limb raised (elevated) to help reduce swelling and pain.

We recommend giving your child paracetamol (a painkiller) and ibuprofen (an anti-inflammatory medicine) regularly for the first few days and then as needed. If your child cannot take paracetamol or ibuprofen for any reason, please speak to their healthcare team about other options. We do not routinely give these medicines to take home for your child, but you can buy them from a pharmacy, supermarket or shop. Paracetamol for children may also be called Calpol®. Ibuprofen for children may also be called Calprofen® or Nurofen®.

It is safe to give the 2 medicines at the same time, ideally with food. This is easier to plan and the medicines work in different ways. You can give your child:

- 1 recommended amount (dose) of paracetamol every 4 to 6 hours and no more than 4 doses in 24 hours
- 1 dose of ibuprofen every 6 to 8 hours and no more than 3 doses in 24 hours

We may prescribe your child a medicine called dihydrocodeine to treat medium or severe pain after the procedure. It is important to follow our instructions about how and when to give your child this medicine. They may need to take the medicine regularly for a short period or when there is a sudden increase in pain.

Like all medicines, dihydrocodeine can sometimes cause side effects. The most common side effects are:

- constipation (when your child finds it hard to poo or goes to the toilet less often than usual)
- feeling sick (nausea) or being sick (vomiting)
- feeling sleepy (drowsy)

To help prevent or treat constipation caused by dihydrocodeine, we may prescribe your child a type of medicine called laxatives.

Your child's surgeon explains how long they are likely to need pain medicine and how to stop taking it. Rather than stopping all your child's pain medicine at once, you reduce the amount of any dihydrocodeine first, followed by ibuprofen and then paracetamol.

You may find the following chart helpful to keep track of your child's medicines.

## Home medicine chart for parents

Medicine	Time to give	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Paracetamol								
Ibuprofen								
Dihydrocodeine								
Laxatives								

## Caring for your child's orthopaedic wound at home

### How long do wounds take to heal?

After an orthopaedic procedure, your child has one or more surgical wounds. The place (site) of these wounds depends on the type of procedure.

The typical timescale for the healing process is as follows:

- Wounds should have started to heal well by about 2 weeks after the procedure.
- As the wound heals, it naturally becomes a scar. The scar can sometimes be raised or bumpy and may take up to a year to settle.
- With time, some scars may blend in with the natural skin tone. Other scars may stay lighter or darker than your child's natural skin tone.

### What is the plan for managing my child's wound?

As a general guide, we cover orthopaedic wounds with dressings that your child wears for 10 to 14 days after the procedure. We use Tegaderm™ pads (clear dressings) or Cosmopor® dressings (sticky dressings made of soft, non-woven fabric). You need to keep your child's dressings dry until their wound has been checked.

After 10 to 14 days, a health professional removes the dressings and checks that the wound is healing well. They may sometimes dress the wound again, if needed, until it is dry. The letter

that we prepare when your child goes home (discharge letter) explains who checks their wound. This may be:

- a clinical nurse specialist or another health professional at Evelina London
- the practice nurse at your child's GP surgery
- a community nurse who visits your home

If possible, we use dissolvable stitches during your child's procedure. They then dissolve or fall out by themselves and do not need to be removed. Stitches can take time to dissolve under the skin. It is possible to feel a lump (the knot) under the skin or see the ends of the stitches.

### **Do I need to look for any changes to my child's wound?**

It is important to monitor the area that you can see around your child's wound for any changes. This could mean that there is an infection or complication.

You need to get immediate advice if you feel that your child is unwell or notice any concerning symptoms. Call our orthopaedic specialist nurse or, outside working hours, the Savannah ward straight away if your child:

- has increasing redness or purple skin changes around the wound and surrounding area
- has swelling (inflammation) around the wound or limb that may feel hot to touch
- is in more pain
- has a bad smell coming from the wound or dressing
- has open areas on the wound
- has yellow-green liquid called pus or watery fluid (discharge) coming from the wound, or showing through the dressing
- has a high temperature (fever)
- is feeling sick (nausea) or being sick (vomiting)

You can find our contact details at the end of this leaflet. When you phone our team for advice, please tell us as many details as possible. We might ask you to send us photos of the wound site. Based on the information that you give us, we make a suitable plan to treat your child.

If you are concerned that your child is seriously unwell at any time, call 999 or go to A&E.

### **What is the guidance for washing and bathing my child after their procedure?**

The dressings that we use to cover your child's wound are not waterproof. You need to keep the dressings clean and dry until they are removed at the wound check after 10 to 14 days. We suggest washing your child with a flannel during this time to avoid water reaching the dressings.

Your child can have a bath or shower as usual again when:

- the wound has fully healed
- you cannot see any scabs (a dry, rough protective crust that forms over a wound during healing)
- they no longer need dressings

### **What should I do if my child's dressings get wet or dirty, or are falling off?**

If your child's dressings or wounds get wet or dirty before the area has healed, this can damage the newly forming skin. The wound may then open again. Any infection that gets into an open wound can have a big impact on healing. It can cause deep infections of bone, metalwork or

soft tissue. If this happens, please contact the health professional who is responsible for checking the wound. They need to review the wound and change the dressing urgently.

If the edges of a dressing are coming away from the skin, you need to make this dressing secure. We give you some spare clear Tegaderm dressings for this purpose before your child goes home. Otherwise, you can contact your child's GP, our orthopaedic specialist nurse or (outside working hours) the Savannah ward for advice.

## **What else should I do to manage my child's wound at home?**

Here are some more tips on managing your child's wound at home:

- Be careful when positioning your child and handling them until their wound has fully healed. Direct pressure on the wound can cause pain and bruising. You can ask us for more advice about this before your child goes home.
- Try to avoid touching the skin over the wound site, which is delicate and fragile. If you touch the area, it can feel tender, painful or numb. This can also lead to skin damage or infection, unless the wound has fully healed.
- Try to discourage your child from scratching the area. This can cause damage and possible infection.
- If you have to touch the wound, wash your hands thoroughly before and afterwards. If possible, keep your nails cut short.
- Leave any areas that are dry or have scabs to fall off in their own time.
- When your child's wound has fully healed within 1 to 2 months, use a plain, unperfumed moisturiser or Bio-Oil® on the area. This can help with itching and the appearance of the scar. Massage down the scar line in circular movements.
- Put a strong sunscreen on your child when they go outside in direct sunlight if the scar is exposed. The label should have a sun protection factor (SPF) of at least 50 to protect against UVB and at least 4-star UVA protection. UVB and UVA are types of ultraviolet rays from the sun that can damage the skin. The treated area is sensitive to the sun for about 2 years after the procedure.

## **Care and management of a plaster or fibreglass cast**

### **What are plaster or fibreglass casts and why does my child have one?**

Your child's may need to wear a cast after their orthopaedic procedure or injury. A cast is made up of bandage and padding, with a hard, long-lasting covering. It is usually made from plaster or fibreglass, which is a strong but light type of plastic that can be shaped.

The cast keeps your child's treated arm or leg in position while the limb heals or the broken bones join together. Your child may need to wear the cast for 2 to 8 weeks. Their surgeon decides what length of time is suitable.

### **How can I take good care of my child's cast at home?**

Here are some tips on caring for and managing your child's cast at home:

- Keep your child's affected arm or leg raised on a soft surface, such as a pillow, for the first week. This helps to reduce the swelling and to prevent the cast from getting tight.
- Try not to let your child's limb hang down for long periods of time because this can increase swelling.

- Encourage your child to exercise any joints that are not covered by the cast, such as the fingers and toes. If your child exercises the joints regularly, this will help to improve their circulation (blood flow) and reduce stiffness.
- Make sure that your child uses any other supportive equipment that we have recommended, in addition to the cast. Examples are crutches or a sling.
- It is important not to get your child's cast wet or dirty. This applies to both plaster and fibreglass casts. Although the outer part of a fibreglass cast is water-resistant, the cotton padding and wound dressings inside are not. Water or dirt can weaken the cast and affect the healing of the wounds or bones inside. If your child's cast gets wet or dirty, contact our orthopaedic specialist nurse for an urgent appointment. Otherwise, go to your nearest emergency department (A&E). They can review your child and change their cast.
- You can buy special covers called LimbO<sup>®</sup> waterproof protectors. They keep the cast dry when you wash or bathe your child and protect it from the rain. Your child should only wear a cover for up to 20 minutes because it can create a sweaty atmosphere inside the cast.
- If you do not have a LimbO waterproof protector, we recommend washing your child with a flannel. You also need to avoid letting their affected arm or leg hang down. This is the safest way to make sure that your child's cast and affected arm or leg stay dry.
- Do not take your child swimming while they wear a cast.
- As a cast can create a sweaty environment, it may become itchy. Do not let your child push anything inside the cast to scratch their skin. This can cause skin damage and lead to an infection or pressure sores. If your child finds it hard not to scratch, you can try giving them an antihistamine medicine from a pharmacy or shop. Always follow the instructions on the medicine packet. It may also help to use a fan to keep the area cool.
- Do not cut the cast at home or try to change its position.
- Tell us if you notice any sharp edges on the cast. We can use extra felt to make these edges smooth or trim the cast.

### **When can my child return to their usual activities if they have a cast?**

Most children or young people can return to school with a cast. It is a good idea to talk to your child's school about this and plan in advance, if possible. The school can then make sure that suitable safety measures are in place.

The plan for your child returning to school should cover how they will:

- travel to and from school
- move around, including up and down stairs
- carry a school bag
- write or type if they have a cast on their arm

Your child might need to use crutches or a wheelchair at the school in an emergency. It might also be helpful to plan how your child can continue studying if there are any difficulties in returning to school. For example, it might be possible for your child to have home schooling while they recover.

It is important that your child does not return to physical activities or contact sports until their surgeon says this is safe.

### **Do I need to look for signs of possible complications if my child has a cast?**

Contact our orthopaedic specialist nurse or take your child to the nearest emergency department (A&E) if:



- they have cold fingers or toes
- their fingers or toes turn white or blue and are a different colour to those on the limb without a cast
- they have pins and needles or numbness (if your child is old enough to speak, ask them to tell you about these symptoms)
- they are in more pain and this does not settle with paracetamol and ibuprofen
- they cannot move their fingers or toes
- their fingers or toes or the affected arm or leg become swollen, even though you have kept the limb raised
- the cast gets broken, wet, cracked, tight or loose
- the skin underneath or around the cast becomes sore
- an object gets stuck inside the cast
- there is an unpleasant smell or leaking liquid (oozing) from the cast
- they have other concerning symptoms, such as a rash, strong itch, burning feeling, painful rubbing or discomfort

Some symptoms may be signs of an infection that needs to be treated with antibiotics or a rare allergic reaction to the materials used. Other symptoms need to be investigated urgently due to the risk of compartment syndrome when wearing a cast. This is an increase of pressure inside an enclosed muscle space called a compartment. It restricts blood flow and causes severe pain. Compartment syndrome can be serious and needs to be treated as an emergency in hospital.

### Do you see my child again after their procedure?

Your child has a follow-up appointment with the surgeon 2 to 6 weeks after their orthopaedic procedure. Our team contacts you by phone or letter with the date of the appointment. If you do not receive an appointment in the recommended timescale on the discharge letter, please contact us. It is important that you continue to bring your child for any future follow-up appointments and physiotherapy sessions until they have fully recovered.

### Contact us

If you have any **concerns during working hours (Monday to Friday, 9am to 5pm)** about your child's aftercare, call our orthopaedic specialist nurse through the main switchboard, **phone** 020 7188 7188 and ask for bleep number 3129

If you have any **concerns outside working hours (Monday to Friday, 5pm to 9am or at the weekend)** about your child's aftercare, call the Savannah ward, **phone** 020 7188 5941

If you have any **concerns from 24 hours after surgery** about your child's health, contact your child's specialist surgical team or GP surgery, or **phone** NHS 111

If you are concerned that your child is **seriously unwell** at any time, go to your nearest A&E or **phone** 999

For more information on conditions, procedures, treatments and services offered at our hospitals, please visit **web** [www.evelinalondon.nhs.uk/leaflets](http://www.evelinalondon.nhs.uk/leaflets)



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