

Spica Cast Care for Lower Body Spica Casts

A spica cast is used to keep your child's hips and legs from moving after an injury and/or surgery

Activities

Your child will be tired after they get their cast. At first, you may need to limit the number of visitors they have at one time. As your child gets stronger you can involve visitors in games. Exercise will help your child sleep better at night.

Ask your surgeon what limits your child will have for crawling, rolling, sitting, walking, or using a walker or crutches. When possible, take your child on outings. Try games and activities that involve arm movement.

Helpful home equipment

One of the most helpful pieces of equipment for home is a beanbag chair that can be bought in many department stores. You can sit your child or toddler in the chair for quiet activities, play and meals.

If your child is old enough to fit into a wheelchair, your nurse can help you make plans to rent a reclining wheelchair. You may also need crutches, a portable bedside trapeze and a bedpan. Your child's nurse will review your needs for supplies before you go home.

Bathing

Give your child a sponge bath every day. Wash their skin around all the cast edges using a little soap and water, and dry well. Check your child's skin for sores. Use a flashlight to look inside the cast, especially at the tailbone. Incisions under the cast do not usually need care.

How to keep your child's spica cast clean and dry

Your child's cast will get dirty over time. Follow these steps to keep their cast clean and dry:

1. Mix 1 tablespoon of white vinegar into 1 gallon of water.
 2. Dampen a cloth with the vinegar and water mixture and wipe the whole cast.
 3. Let the cast air dry or use a hair dryer on a cool setting to help it dry.
 4. If the cast smells, rub in a little baby powder on the cast while it is damp. Do not apply baby powder under the cast. You can also put clove oil on the cast (not to the skin) to mask the odor. Do not use Febreze as it can cause a chemical burn.
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Clothing

Your child can wear clothes over their cast. You can adapt pants, shorts or overalls by cutting along the seam and securing the opening with Velcro or snaps. Long socks, large T-shirts or sweatshirts are also good options.

1 of 5

To Learn More

- Orthopedics
206-987-2109
- Ask your child's healthcare provider
- seattlechildrens.org

Free Interpreter Services

- In the hospital, ask your nurse.
- From outside the hospital, call the toll-free Family Interpreting Line, 1-866-583-1527. Tell the interpreter the name or extension you need.

Decorating the cast

Feel free to decorate the cast with colored pens or decorative glue. Do not use oil or spray paints. They can get through the cast and cause serious skin problems. Limit the number of stickers or other decorations; there must be room for the cast to breathe.

Diaper care

Disposable diapers are the easiest diapers to put into the cast and are the most absorbent. With spica casts “double diapering” works best. This means you diaper your child with a regular size disposable diaper that fits them **inside** the cast and then place a larger size second diaper over child **outside** the cast. When putting on a new a diaper, tuck the front of the diaper into the front opening of the cast. Then turn your child over onto their stomach and tuck in the back. This makes for a nice, tight fit. Then put a larger diaper over the cast as though you were normally diapering your child. For a demonstration, see the diapering video link in the resource section of this handout.

Change diapers at least every 2 hours. Check them often in order to keep the cast from getting wet and soiled.

A cloth diaper or feminine napkin can be put inside the inside diaper at night to help absorb urine. Diaper liners may be helpful if your child wets a lot at a time.



Going to the bathroom

A bedpan is very useful for older children. Provide a private place for your child to use it. Line the bedpan with plastic wrap or cover it with a plastic bag before using to make clean-up easy. There also are urinals for both boys and girls. You can get one from a medical supply store or you may bring home the one given to your child at the hospital.



Help prevent constipation

Being inactive and taking pain medicine can cause your child to get constipated. Your child may be sent home with a prescription for Miralax to help with constipation. Give this medicine until their bowel movements have returned to normal. If your child does not have a bowel movement in three days, call your doctor's office for recommendations.

If your doctor says it's OK, you can also give your child sugar-free or diet Gummy Bears or other sugar-free candy. Candy that contains sorbitol helps with constipation.

Itching

Itching is usually caused by the healing of the wound or moisture on the skin. Benadryl can help reduce itching and is available over the counter without a prescription. Only use Benadryl if recommended by your doctor. You can also try using a hair dryer or vacuum cleaner hose on the cool setting to blow air on the cast to help circulate air.

Do not use any objects to scratch under the cast (coat hangers, knitting needles, etc.) These can cut or irritate the skin and lead to infection. Instead, use a game or activity to distract your child until the itching stops.

A fiberglass cast allows for air to get in over the areas that may itch or be wet.



Meals

At first, your child may complain of a stomachache. This usually goes away after a few days. Try giving your child smaller meals more often. A good diet is the best way to prevent constipation. Give your child lots of fresh fruits, vegetables, whole grain cereals and breads, and plenty of fluids.

Moving and lifting

You will need to change your child's positions every 3 to 4 hours during the day. Before you go home, your nurse will show you how to turn and position your child. If you have a teen or child who is too heavy for you to move, you may want to rent a portable trapeze for over the bed. This device can help you lift your child in and out of bed. You can get one from a medical supply store.

If the spica cast has a cross bar do not lift your child by it. Your child may get injured and it is possible to disrupt the stability of the bones inside the cast if it is lifted by the bar.

Sleep

Your child may have a harder time sleeping due to their decreased activity and the change in their usual sleep patterns from their hospital stay. Your child may find it easier to sleep on one side or the other, or on their front. It may help to use pillows for positioning.

Give your child a signal, such as a bell or whistle, so that they can call you at night. Older children may feel more secure with a phone nearby. When you must leave home, arrange for someone to stay with your child.

Transportation

Transporting your child in a spica cast takes extra planning. Riding safely is very important. When your child has a spica cast is no exception. In some cases, even special restraints do not work and professional transportation, such as an ambulance may be needed.

Car seats

If your child uses a car seat, they may have difficulty fitting in it with their cast. Depending on how your child's legs and hips need to be positioned, a special car seat or harness may be needed. Never add extra padding or blankets under your child in their car seat, even if there is space between the car seat and your child's hard cast. Follow all instructions from the car seat manufacturer for proper harness fit.

If your child is 1 year or older, they may be able to use a special harness called an E-Z-On Vest. The vest allows your child to ride safely while laying down. Because your child will lay down across the back seat of your vehicle, they will take up extra seats. For more information, see our handout 'Going Home in an E-Z-On Vest' seattlechildrens.org/pdf/PE2478.pdf. You can also watch a video at ezonpro.com/our-products/transportation-vests/modified-laydown-vest.

If your child is under 1 year, your child must ride rear-facing. A car seat that has low-profile sides works for some children, depending on their cast shape. The low-profile sides allow your child's cast to stick out over the sides. To see if your child fits in this type of seat, we may need to do a test fitting. If your child fits, your nurse may refer you to our car seat program in the Family Resource Center. To learn more, see our handout 'Going Home in a Diono Radian' at seattlechildrens.org/pdf/PE3000.pdf. If this option does not work, your nurse will help you to rent a medical car seat. For more, see our handout 'Going Home With a Cast in a Quokka Car Seat' at seattlechildrens.org/pdf/PE3340.pdf. If none of these options work, your child may need professional transportation, such as ambulance transport.

Older children

Children under 13 should always ride in the back seat. Avoid riding with the vehicle seat reclined. The seat belt must be in contact with your child's body in order to properly protect them.

Airplane travel

Airplane travel is possible but you may need to buy more than one seat. Ask about your options before you leave the hospital. The discharge coordinator can help with this.

How do I prepare my child for when the cast has to come off?

Children tend to feel secure with their casts. Losing this security, along with the noisy sound of the cast saw may be scary. You may consider giving your child Tylenol (or their prescribed pain medicine) one hour before the cast removal.

To prepare your child, you can spend time at home, pretending to remove the cast with a vacuum that has a hose attachment. Refer to the cast saw not as a saw, but a vacuum.

What can I expect once the cast is removed?

After many weeks in a cast, your child's joints may become stiff and hard to move. This will slowly improve. Give your child warm baths to decrease the discomfort and help your child regain range of motion. Normal play will reduce stiffness and help them gain strength. Physical therapy is rarely needed. The first week or two out of the cast can be a tough time for your child and family. It may take some time for your child to adjust to having the cast off. This depends on the type of surgery, their diagnosis and the length of time your child was in the cast. It usually takes as long as your child has been in the cast to get their strength and flexibility back.

When should I call the doctor?

Please call the doctor if your child has:

- Numbness or tingling in toes
 - Swelling of the toes
 - Toes that are cold or blue/purple
 - A broken or cracked cast
 - Unusual complaints of pain
 - Fever while recovering from surgery
 - Difficulty breathing
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Support resources

Books

Cast Life: A Parent's Guide to DDH, by Natalie Trice, 2015.

Hope the Hip Hippo - A children's story for kids with developmental dysplasia of the Hip, by Gina Jay and Julie Beattie.

The Parents' Guide to Hip Dysplasia, by Betsy Miller, 2013.

Social media - Facebook Search Facebook on Hip Dysplasia for local and international parent tips.

Diapering links

Tutorial: mykidseatoffthefloor.blogspot.com/2011/05/tutorial-diapering-spica-cast-baby.html

Disclaimer: Inclusion on this list does not imply endorsement by Seattle Children's Hospital.
