When your child is ready to go home

The physiotherapist will teach your child how to get around using crutches. These may be needed for approximately 6-12 weeks, gradually increasing the amount of weight put through the affected leg as instructed by the medical team.

The physiotherapist and Occupational Therapist will discuss any possible problems at home, for instance, the need for a wheelchair to help get around easier.

An outpatient appointment will be arranged for one to two weeks. A children’s community nurse will visit the day after you go home and check your child’s wound. The stitch is removed 10-14 days after the operation.

Your child may go to school after the first outpatient appointment. You will be advised then when your child can return to contact sport.

Contact details

If you have any questions or concerns please contact:

Advanced Nurse Practitioners on
023 8079 4991 or
Switchboard 02380 777222,
ask for bleep 2641
or
Ward G3 on 023 8079 6486
or your GP

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What is a slipped upper Femoral Epiphysis?

In a child there are growth plates at the end of the bones (physis). A slipped upper femoral epiphysis is when the head of the femur (thigh bone) slips off the neck of the femur.

What causes it?
The cause is unknown. It happens most in boys around puberty (11 - 17 years).

What are the symptoms?
Your child will complain of pain in either the hip or knee. They may have had mild pain for a couple of months (gradual slip) or suddenly have pain (acute slip). The pain will limit their movement and cause them to limp.

Investigations
X-rays of the hip will confirm the problem and give an idea of how bad the slip is. A blood test will need to be taken before the operation.

Treatment
The plan is to stabilise the growth plate to stop it slipping more. Your child will need to be on bed rest and may have skin traction to both legs for about one week. They will be given medication for pain relief.

An operation will be performed:
1. Slip, Mild to Moderate
   A surgical screw is inserted across the growth plate securing the head of the femur. Your child will be on bed rest for a few days before getting up on crutches as taught by the physiotherapist.

2. Severe Slip
   The consultant will discuss the surgical options with you.

What happens if I decide not to have the operation?
The femoral head may continue to move out of the hip socket. This may end in a dislocated hip with less hip function, increased hip pain and walking with a limp.

What complications can happen?
The healthcare team will try to make your stay in hospital and the treatment you receive as safe as possible. However complications can happen. Some of these can be serious and can even cause death. You should ask the healthcare team if there is anything you do not understand.

Complications have three categories:
1 Complications from General Anaesthetic
   Your anaesthetist will discuss this with you before the operation

2 General Complications of surgery
   Pain – this happens after all operations and ways of controlling pain are described further on in this leaflet.
   Bleeding – this can happen during or after surgery.
   Infection in the surgical wound – This usually settles with antibiotics but may sometimes need further surgery.
   Scarring of the skin – from the surgical excision.

3 Specific Complications of this Surgery
   Loss of position – the surgical correction slips, this could mean more surgery is needed.
   Blood supply to the femoral head is damaged – this may cause the femoral head to partly collapse (this is called a vascular necrosis) and treatment to put this right may require further surgery.
   Surgical nerve injury.