

FACTSHEET



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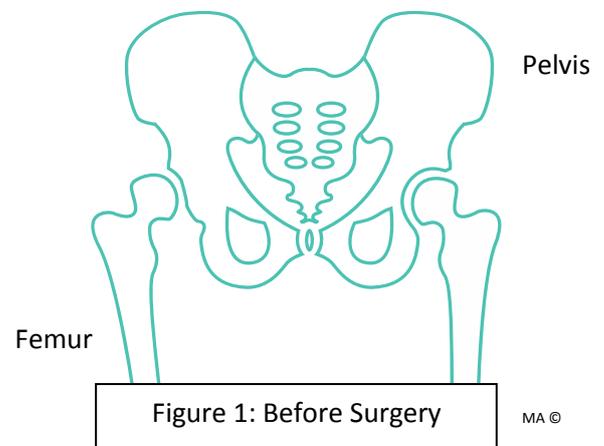
Dega osteotomy

Why is it necessary?

In children with spastic or weak muscles and children who are unable to walk, the hip joint does not always develop properly. This can mean that the hip may dislocate over time and some children will require surgery to correct this (Figure 1).

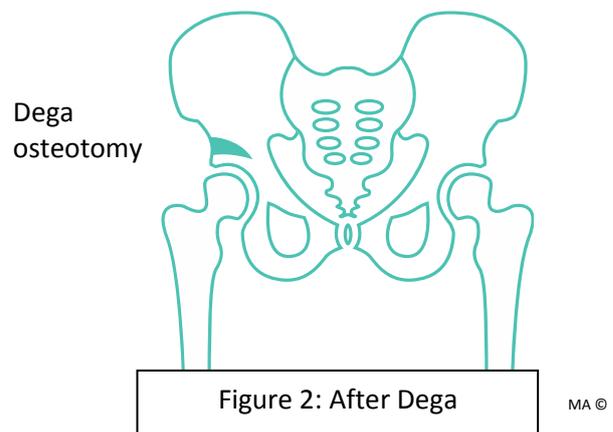
The socket of the hip joint can be very shallow and flat in children with cerebral palsy. This may be because the ball of the hip joint has been sitting out of the joint for some time or because of reduced opportunity for weight bearing.

The main aim of this surgery is to correct abnormal hip development, correct or prevent further hip dislocation and prevent or reduce pain in the hip.



What is the procedure?

In a Dega osteotomy (pelvic osteotomy) a cut is made into the pelvis above the socket of the hip joint. By turning down the top part of the flat hip socket, a more cup-like shape is created which can fit around the ball of the hip to help contain it in the correct position. The new position of the socket is held with a small block of bone. This bone is either taken from the thigh bone which is often undergoing a procedure at the same time or the top part of the pelvis. The procedure can be done on one or both hips as required.



What happens during a hospital stay?

Pain management

Your child will be asleep and will be under anaesthesia for their operation. Upon waking, your child will be given pain medicine and possibly muscle relaxants. Any surgery creates some pain, but your child will be given medication to manage this. Pain management in hospital is done either by a nerve block, a drip or oral medicine.

After surgery

Your child will most likely not be allowed to weight bear for 4-6 weeks after surgery. The amount of time will depend on the strength of your child's bones and on the preference of the surgeon.

Your child may need to be positioned with their legs apart after surgery. If this is required, your child will be fitted with an appropriate positioning device, such as a foam wedge or Newport brace, depending on the preference of the surgeon.

Your child may require adjustments to their wheelchair or may need a loan wheelchair. Your occupational therapist will organise this for you.

After the operation children usually stay in hospital for 5-7 days.

Caring for your child at home

Your child may need some special equipment to use in the hospital and to go home with. They will need a wheelchair and a commode to help with toileting and showering. Your occupational therapist will talk to you about further recommendations and assistance.

You will need to give your child regular pain medicine when you are at home. It is important to give this to them before showering, transferring and toileting. We will make sure you have pain medicine for your child when you take them home.

Important considerations

- Your child will probably have some pain after surgery so make sure you give them regular pain medication.
- Your child will need more help after their surgery for moving around, showering and transfers.
- Make sure you let us know if your child becomes sick before their operations as the surgery may need to be postponed.
- Check your child's skin regularly for red areas (pressure areas) as these are painful and can have serious consequences if left untreated.

Remember:

- Make sure that your local therapists know about the upcoming surgery.
- If your child is not currently seeing an occupational therapist or physiotherapist, please contact your local service now to go on the waiting list. Please make sure you let the service know when your child is having surgery.
- Please advise your child's school that your child will be having surgery and they could be off school for several weeks.
- Please think about advising your own work that you may need time off around the surgery date. Also let family and friends know who may be able to help out at the time of surgery.