

FACTSHEET



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Femoral derotation osteotomy (FDO)

What is the procedure?

In children who are walking with their legs turned in, a femoral derotation osteotomy (FDO) is considered. A FDO is performed by cutting through the thigh bone (femur) at its upper end and turning it so that the knee is facing forwards when the child walks. The FDO is usually stabilised with plates and screws to hold the bone in its new position, until it is fully healed. The plates and screws may need to be removed approximately 2 years after surgery.

Why is it necessary?

Children with Cerebral Palsy and other neurological disorders may walk with their legs turned inwards. This affects the ease and appearance of their walking and can limit the distance they are able to walk. An FDO can be performed on one or both legs to turn the child's leg(s) out and improve their walking.

What happens during a hospital stay?

Pain management

Your child will be asleep and will be under anesthesia 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 may be allowed to weight bear when comfortable after surgery, or they may have a period of non-weightbearing to allow the bone to heal. This depends on the strength of the bone and any other

surgeries that were done at the same time. This will also depend on the preference of the surgeon.

Your child may have a knee brace after surgery which helps to relieve pain and stabilises the leg during weight bearing. It needs to be removed several times each day to check the skin. This is because your child may be at risk of pressure injuries when in the knee brace.

Your child may need to use a wheelchair with for long distances for a short period of time. This will be arranged by the occupational therapist while your child is in hospital.

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

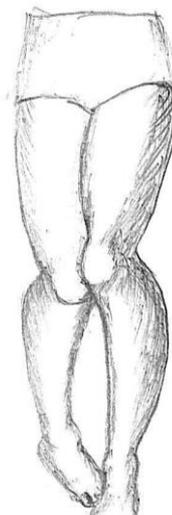


Figure 1: This child walks with both legs turning in

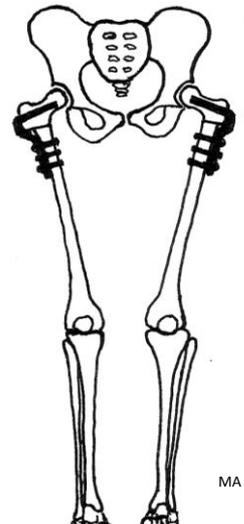


Figure 2: After the FDO both legs point forwards

Caring for your child at home

Your child may need some special equipment to use in the hospital and to go home with. They may 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.

Your physiotherapist and occupational therapist will also help your child to start walking or using a wheelchair depending on your doctor's instructions. Your physiotherapist will also give you some exercises to do with your child.

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 the operations as their surgery may need to be postponed
- Check their 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 OT or Physio, 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.



Figure 3: A child in removable knee brace after surgery.