

FACTSHEET



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Femoral Varising Derotation Osteotomy (VDRO)

What are the procedures?

For children who are either at risk of a hip dislocation or who walk with their legs turned in, a varising derotation osteotomy (VDRO) is considered. A VDRO is performed by cutting through the femur at the upper end. The VDRO is designed to tilt the neck of the femur inwards so that the ball of the femur sits in the hip socket. We may also correct turning in of the femur at the same time. The VDRO is usually stabilized 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 1-2 years after surgery.

Why is it necessary?

Children with spastic or weak muscles and children who are unable to walk frequently develop hip dislocation over time. When the hip becomes unstable the treatment of choice is the VDRO. This may be combined with a procedure to reshape the socket of the pelvis.

What happens if the hip dislocates?

A child is most likely to experience some or all of these symptoms:

- Pain or discomfort
- Difficulty with sitting and standing
- Decreased range of movement
- Difficulty with dressing and changing
- Skin breakdown and/or infections in skin folds
- Difference in leg lengths

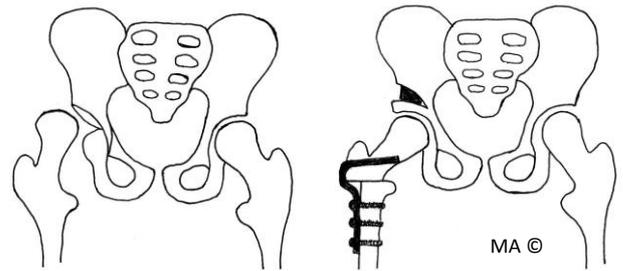


Figure 1: Displaced hip before and after varising derotation osteotomy (VDRO) and osteotomy at the pelvis

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 will usually have a non-weight bearing period of up to 6 weeks following surgery to allow the bone to heal. This depends on the strength of the bone and other surgeries that were done at the same time. This will also depend on the preference of the surgeon.

Your child will have a Newport brace or a hip spica plaster (both pictured below) for 6 weeks after the surgery. The brace or plaster is used to maintain the position of the legs. It also provides pain relief by keeping the legs supported and still.



Newport Brace:



Hip Spica Plaster:



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 take home. They may need a wheelchair and a commode to help with toileting and showering. Speak to your occupational therapist(OT) for further recommendations and assistance.

If your child uses a wheelchair they may need seating adjustments due to a change in the width of the pelvis and change in required leg position after surgery. This will be done by the OT while your child is in hospital.

Remember:

- Make sure your local therapists know about the upcoming surgery.
- If your child is not currently seeing an OT 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 may be away from school for a few weeks.
- Please think about advising your work that you may need time off around the surgery date. Also inform family and friends who may be able to help out around the time of the surgery.

Important considerations

- 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 child will need more help after their surgery for moving around, showering and with transfers.
- Check your child's skin regularly for red areas (pressure areas), especially around the edges of the brace/cast as these are painful and can have serious consequences if left untreated.
- Your child will need to be repositioned regularly after surgery in order to avoid pressure areas. During the hospital stay, your child's physio & OT will show you how your child can be repositioned.