

Division of Orthopaedic Surgery
Slipped Capital Femoral Epiphysis (SCFE)

What is SCFE?

SCFE is a hip problem that most frequently affects pre-adolescent and adolescent boys and girls. The growing end (epiphysis) of the thigh bone (femur) slips off from the top of the femur. This can happen in one leg or both. It is more common in boys, African Americans, and Polynesian populations.

What causes SCFE?

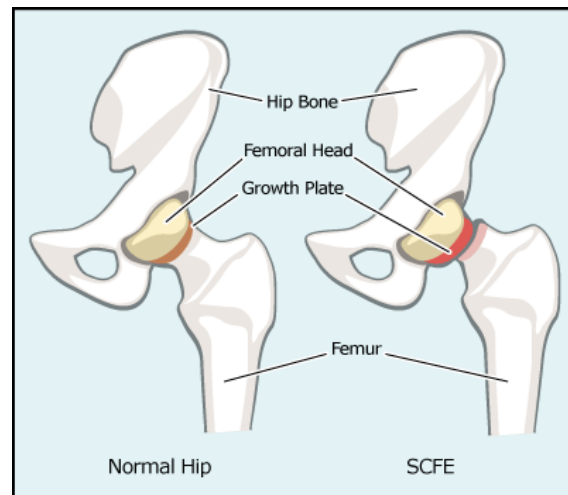
- Often occurs in children who are overweight or grow rapidly
- Hormones of puberty, hypothyroidism
- May present with or without a minor trauma (twist or fall)

What are the symptoms?

- Knee pain
- Hip, thigh or groin pain
- Decreased or painful hip motion
- Difficulty walking; limping
- Affected lower extremity turns outward when your child is standing

How is a SCFE diagnosed?

X-rays of pelvis and thigh area



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Treatment

If diagnosed with a SCFE, your child should immediately STOP putting any weight on the leg and should be seen by an Orthopaedic surgeon for surgery. The goal is to prevent bones from slipping further. Your child will be on bed rest until surgery to prevent further damage. Usually, a screw will be placed through the growth plate in the femur. The goal of the screw is to hold the femoral head in its current position to prevent further slippage. This screw will help close the growth plate. This is done through a small incision at the top of the thigh. If your child has a more severe slip, a more extensive procedure may be needed. The area will be covered with a dressing. If there is a significant risk of developing a slip on the other side, your doctor may recommend fixing the other hip as well.

Care and Treatment after Surgery

Your surgeon will go over the risks of surgery including: limited range of motion (from the injury, not the surgery), infection, early arthritis, bleeding, the need for further surgery and persistent gait abnormality. Expect your child to stay in the hospital for 1-2 days after surgery. Your child may have pain medicine as needed. After surgery, your child may drink clear liquids. When they are doing well

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with those, he/she may return to a regular diet. A physical therapist will teach your child to walk with crutches or a walker. Your child may not put weight on the affected leg for as long as your doctor specifies. Usually some weight bearing is allowed by 6 weeks. Your doctor will give you specific directions for your child especially regarding sports and activities. The dressing will remain in place until your follow-up visit, usually one week after surgery.

At Home

Your child may be ready to return to school about a week after surgery using an assistive device (crutches, wheelchair or walker). Your school should be able to make accommodations for your child such as: extra time in between classes, using an elevator, an excuse for PE class and allowing a friend to carry books/backpack. If the school is unable to accommodate your child, please talk to the Orthopaedic Nurse to help arrange home instruction. Your child can shower after the first post-op appointment. Your child can not submerge the incision under water in a tub until the incision is completely healed.

Call the Orthopaedic Clinic if your child has:

- Fever greater than 101.5F
- Pain that is not relieved by pain medicine
- Drainage from incision
- Signs/symptoms of wound infection: redness, swelling, fever, pus or foul smelling odor from incision
- Change in sensation of leg (numbness, tingling, cool to touch)
- Pain in the opposite hip (if it has not been pinned)

Follow Up Appointment:

Your first post-op appointment and x-ray will be approximately one to two weeks after surgery. You will also need to plan for multiple follow up appointments with your orthopaedic surgeon to assess healing. You can reach the appointment line by calling 510-428-3238.

Contact Numbers:

If you have a question or concern about your child, please call us:

- Weekdays (8-4:30pm): 510-428-3238 and ask to speak to your surgeon's nurse
- After 4:30pm or Weekend/Holiday: 510-428-3000 (main hospital number) and ask to speak to the orthopedic resident on-call