

Spica (body) casts are used to keep the thighbone (femur) and pelvis in position to allow healing. It is used after a fractured femur (thighbone), after hip or pelvis surgery, or after tendon surgery around the hip. A spica cast covers the child from the armpits around the chest all the way to the ankle of one or both legs. If the cast only goes to one ankle, the other leg is in the cast to just above the knee. There is an opening in the diaper area. The inside layer is made of Gore-Tex to minimize the risk of getting the inside of the cast wet. The outer layers are made of cotton and fiberglass or plaster.

Spica casts are almost always put on with the child under sedation or anesthesia. The length of time in the cast is determined by your doctor, the condition being treated, and your child's healing process. We do not typically change the cast because we want to minimize your child's exposure to anesthesia. If your surgeon recommends a cast change, this is done in the operating room and will require sedation or anesthesia. In general, it is VERY important to properly care for your child's spica cast.

Here are some tips to make caring for your child easier.



Cast Care

- Keep the cast clean and dry. If the cast becomes wet, it can damage your child's skin. Do not try to dry cast with something warm (i.e., a blow dryer) this may cause burns.
- Do not put anything down or inside the cast. This can cause a sore or an infection. Protect the cast with a towel or large bib from small toys, dirt or pieces of food. If something does get into the cast and you can see it, try to remove it with your hand. If you cannot see the object or can't reach it, call your doctor.
- If your child complains of itching, use a blow dryer set on "cool" to blow air down the cast or try scratching another part of the body.
- Your cast has a Gortex lining that helps to protect and 'waterproof' the inside of the cast, especially around the groin area. There are special ways to "double diaper" to help protect from accidents. Your nurse can show you how to do this.
- Do not allow the child to pull the padding out of the cast. The padding protects the skin from rubbing or sores.
- If you notice the edges of the cast becoming rough or sharp, or if the tape or moleskin petals start to roll up or become soiled, contact the orthopaedic nurse or cast technician for a cast adjustment.

Skin Care

- Do not use lotions, oils, or powder on the skin under the cast.
- Check the skin daily for sore areas. Use a flashlight to look inside the cast. If your child had hip surgery, be sure to check the incision in the groin area.
- If you notice a rash, cleanse the skin with some mild soap and damp washcloth and allow to air dry. Call the Orthopaedic nurse if you think it is getting worse or if you see bleeding.
- Change your child's position at least every 2 hours. Lying in one position in the heavy cast can cause skin sores.
- A bean bag chair is incredibly helpful (and fun!) for position changes and comfort.
- You can also use pillows and blanket rolls for positioning support. Put a pillow or blanket roll under the lower leg (NOT under the heel) to keep the heels off of the ground.
- Your child should be put on their belly throughout the day to give their butt a rest! If they are uncomfortable on their belly, try putting them on the bean bag chair or with a few folded blankets or pillows lengthwise under the chest and abdomen to lift them off of the ground slightly.



Diet

- Your child may want to eat small, frequent meals instead of three meals a day.
- To prevent constipation, your child needs to drink a lot of fluids and eat foods with high fiber. Some foods with high fiber are apples, pears, oatmeal, high-fiber cereals and beans. If you are concerned about constipation, speak to your orthopaedic provider or primary care provider.
- Be careful with small pieces of food: your child may choke because they cannot sit up straight in the cast. It may be helpful to position upright in a bean bag chair for eating.

Going to the Bathroom

- While we want to keep the cast as clean as possible, accidents do happen! If you experience an accident, wash the skin very well and air out the diaper area for as long as possible. If the cast is wet on the inside, you can use wipes or a damp cloth to try to clean the areas that are soiled. Most casts get urine or stool on them at one point during the casting treatment.

- If your child was in the beginning stages of potty training, it may be challenging to revert back to diapering during the casting time. Please know that when the cast comes off, your child will start potty training again.

If your child wears diapers:

- It is best to use a method called “Double Diapering”. First, use a smaller size diaper than usual and rip off the tabs (they may scratch the skin). Next tuck the diaper up under the edges of the cast. The diaper should cover the child’s entire bottom. This keeps urine and stool inside the diaper and keeps the cast from getting damp and dirty. Next, use a larger diaper on the outside over the cast. This helps keep the smaller diaper in place. Make sure the elastic band on the bigger diaper by the groin is not on the cast, it should be on the smaller diaper. You may need to use an adult sized diaper depending on the size of your child.
- Check the diaper often and change at least once over night to avoid soiling the cast!



Step 1: Rip the Velcro sides off and tuck the smaller diaper all the way in the cast to cover all areas



Step 2: Use the larger diaper to cover the smaller diaper on the outside of the cast. Make sure the groin elastic is not on the cast.

If your child is potty trained:

- Depending on the position of the cast, your child may be able to sit on the toilet. If not, it is okay to revert back to diapers or try to use a bed pan.
- Boys can use the urinal from the hospital.
- Girls can try to use a paper cup with a small hole in the bottom to help direct urine into the toilet.
- It may help to use plastic wrap to protect the cast when potty-training children are using the bathroom.

What if the cast gets wet?

- Accidents happen!!
- If the cast gets soaked, it will take a VERY long time to dry. You can help speed this process up by using the blow dryer on the COOL setting or taking the child out into the sun. Your child’s own body heat will also help to dry the cast.

- Reposition your child so that different areas have the opportunity to dry. The back of the cast is the most common place to get wet.
- If you are very concerned about the cast or notice any softening of edges due to the wetness, call your orthopaedic provider.

Bathing and Hair Washing

- Your child will need to have sponge baths. Ensure the skin is completely dry after washing. You can use the blow dryer on the cool setting to help dry the skin and air out areas of the cast.
- If odor becomes a problem: you can sprinkle a small amount of deodorant body powder on the cast or spray a small amount of under-arm deodorant on the cast. Do NOT spray the cast with household cleaners or deodorizers such as Lysol.
- It is often helpful to use the sink to help wash your child's hair. If you have enough counter space, you can lay your child on the kitchen counter with their head over the sink. Be sure to cover the cast with a towel and wring out the hair before sitting up or the water will run down the back of the cast.

Clothing

- Clothes should be loose and comfortable. Light clothing may be all that's needed. Often a loose fitting shirt and socks are enough.
- T-shirts should be 1-2 sizes larger than usual to fit over the cast.
- Most children in a spica cast do not wear pants or shorts.
- If you would like, shorts or sweat pants in a larger size may fit over the cast.
- You can stick or sew in Velcro to allow older children to wear their clothing and underwear.
- Your child may be warmer than usual, please avoid heavy blankets. Sweating can cause skin irritation.

Safety/Traveling/Activity

- A child in a spica cast should never be left alone. Children may have difficulty rolling over or moving in the cast and require someone to watch them at all times.
- Check your child's toes daily. They should be warm and pink. When you press on the toenail, it will turn white. When you let go, it should turn pink in 2-3 seconds. If it takes longer, your child's cast may be too tight and you should elevate that leg for 15 minutes. Your child should be able to move his toes.
- Your child MUST wear a seat belt while in a stroller, wheelchair or car. If your child needs a wheelchair, the Orthopaedic Nurse Clinician will order one for you.
- Do not allow walking in a spica cast. This may disrupt the healing process.
- Some children do not fit safely in their car seat while in a spica cast. Speak to your Orthopaedic Nurse to discuss options including purchasing a wider car seat with lower sides. There are also options to rent a car seat from the Trauma Services Department.
- If your child complains of pain, give pain medicine as directed by your doctor. Pain medicine may be needed for 1-2 weeks.

- Your child is not allowed to stand on the injured leg but older children may be able to stand on the opposite leg to help with transferring out of bed or to a chair. A physical therapist can help show you this.
- Towards the end of the casting, some children often end up crawling, rolling or scooting where ever they want to go!
- After the cast is removed, children often take time to return to their normal activities. Your provider will give you instructions on when it is safe to resume walking, running and jumping. Children who were walking before the cast, may have a limp after the cast is removed until their strength returns.

Fun Suggestions:

- Take your child outside. You can use a soft sided wagon, a toddler tricycle with push handle, or a stroller that reclines for smaller children. Bigger children may need a wheelchair with a reclining back.
- Ask friends and relatives to visit.
- Read a favorite book.
- Do arts and crafts! Decorate the cast with Sharpie markers (no glitter or glue).
- Custom Spica Tables are available on Etsy or from certain parent groups. Although not all children tolerate the positioning.
- Play games, puzzles, computer or video games.



Returning to School/Day Care:

- Your child is usually unable to go to school or daycare in a spica cast due to the amount of care needed during this time. After the cast is removed, there may be a few weeks to months before your child returns to “normal activity”. Talk to your orthopaedic provider about when it is safe for your child to return to school or daycare.

- Check with your employer or the state disability office to see if you qualify for FMLA or PFL. If you do, our office can assist with the paperwork completion.

When to Call the Doctor

- Your child has severe pain and the pain medication does not help
- You see a change in the cast: cracking, softening, and drainage from the inside.
- You smell a bad odor coming from the cast
- Your child's toe are cool, blue/gray or swollen.
- Your child feels numbness or tingling in the toes
- Your child cannot move the toes
- You see redness, swelling, or drainage coming from an incision.
- There is a change in the position of the cast or the cast looks like it is slipping off.
- Fever with no other signs of illness (temperature over 101.5 F) (no cold, ear ache, etc.)
- Any other questions or concerns

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