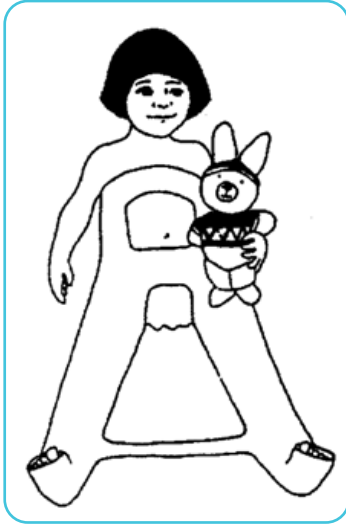


# Spica Cast Care



## How do I care for my child with a spica cast?

Your child will be tired at first; do not let them have too many visitors at one time.

Feel free to decorate the cast with colored pens or decorative glue. Avoid oil paints and spray paints, which can get through the cast and cause serious skin problems. Avoid lots of stickers or other decorations; there must be room for the cast to breathe.

Involve visitors in active games. Exercise will help your child sleep better at night.

## Moving, lifting

Before you go home, ask the nurses to show you how to turn and position your child. Change your child's position every 3 to 4 hours during the day.

**Do not** lift a spica cast by the crossbar. If you have a teenager, you may want to rent a portable trapeze for over the bed.

## Clothing

Clothes can be worn over casts (tube socks for toes; shorts or overalls cut up the inside or outside seams, with Velcro strips sewn on for closure).

Large T-shirts or sweatshirts will help keep crumbs out of casts.

## Bathing

Give your child a sponge bath every day. Wash skin at cast edges using a little soap, and dry well.

Check the skin for any sores. A flashlight to look inside the cast, especially at the tailbone, is very helpful. If an incision is present, ask how to care for it. Incisions under the cast usually do not require care.

## Meals

At first, your child may complain of a stomachache or of not being able to breathe easily. These symptoms usually disappear within a few days. **Call your doctor if they continue.**

Try giving smaller meals more often.

A good diet is the best way to prevent constipation (often a problem when a child is in a cast or with certain pain medicines). Give your child lots of fresh fruits, vegetables, whole grain cereals and breads, and plenty of fluids.

## Keeping a spica cast clean and dry

If you find urine stains on the cast, try this: Mix equal parts of white vinegar and water. Soak a cloth in this and place it on the cast stains. In a minute or

two, remove the cloth and let the cast air dry or use a hair dryer set on the cool setting only. While the cast is damp, rub in a little baby powder — it will make the cast smell better. Oil of clove also may be applied to the cast (**not** to the skin) to mask the odor.

Any soiled area on the cast can be washed in the same manner as above, without the vinegar.

### **Diaper care**

Disposable diapers are the easiest diapers to put into the cast, and are the most absorbent. When changing a diaper, tuck the front of the diaper into the front opening of the cast. Then turn your child over onto their stomach and tuck in the back. This makes for a nice, tight fit.

Change diapers at least every two hours. Check often in order to keep the cast from getting wet and soiled.

A good outside-of-the-cast diaper is a large cloth diaper fastened with pins. This is mainly to secure the inner diaper and is less costly than using large disposable diapers.

Occasionally, your child may soak through the diapers, and soil the cast. A good way to absorb the wetness in the cast is to use a cloth diaper. If there is sufficient room, push the diaper into the bottom opening of the cast and pull it up under the cast to the top edge. Allow it to soak up the urine and then remove.

Diaper liners may be helpful if your child wets (pees) a lot at a time.

### **Going to the bathroom**

A metal bedpan is very useful for older children. These are available through a medical supplier. Provide a private place for your child to use it. Lining the bedpan with plastic wrap or covering it with a plastic bag before use makes clean-up easier.

Stool softeners (available without a prescription) help with the constipating effects of being inactive and taking pain medicine. If your child does not have a bowel movement in three days, call your doctor's office about a laxative.

We have found that sugar-free or diet Gummie Bears containing sorbitol act like a laxative for children.

### **Activities**

Ask your surgeon what limits your child will have to crawling, rolling, sitting, walking, or using a walker or crutches.

Before going home, make plans to get a semi-reclining wheelchair with elevated leg rests. Other things you may need are crutches, a portable bedside trapeze, and a metal bedpan.

Whenever possible, take your child on outings. Try games and activities that involve arm movement.

A beanbag chair may be something to consider.

The Steady Steps Walker Trike by Playskool (or something similar) is

useful for a toddler. With the wheels left off, it will not roll, and the seat is narrow enough not to interfere with the cast.

### **Sleep**

Sleep is often difficult because the decreased activity and time in the hospital have changed your child's usual sleep patterns. Your child may find it easier to sleep on one side or the other, or on their front, using pillows for positioning.

### **Itching**

Itch is usually caused by moisture on the skin or a healing wound. This can be helped with the use of a hair dryer on a *cool* setting. Benadryl can help reduce itching and is available over the counter without a prescription.

A fiberglass cast allows for air penetration over the areas that may itch or be wet.

Do not use any objects for scratching under the cast (coat hangers, knitting needles, etc.) Instead, use a game or activity to distract your child until the itching stops.

### **Leaving your child**

Arrange for a signal, such as a bell or whistle, so that your child can call you at night. Older children feel more secure with a telephone nearby. When you must leave home, arrange for someone to stay with your child.

### **How do I transport my child?**

Transporting your child in a spica cast will take extra planning.

When possible, your child's cast will be formed to fit into their own car seat. If there is no bend in the cast, it may be impossible to fit your child in a standard car seat. A special car seat or harness may be needed. In some cases, even special restraints won't work and professional transportation, such as an ambulance, may be necessary.

Your child should never travel in a vehicle seat that is reclined. When the seat is reclined, the seat belt will not contact your child's body properly. This could result in serious injury. You should never transport your child in the back of a truck.

Airplane travel is possible but you may need to buy more than one seat. Ask about your options before you leave the hospital.

### **How do I prepare my child for when the cast has to come off?**

Children tend to feel secure with their casts. Losing this security, along with the noisy sound of the cast saw and the look of the cast room can be a bit scary. You may consider giving your child Tylenol (or their prescribed pain medicine) one hour before the cast removal.

### To Learn More

- Orthopedics  
206-987-2109
- Ask your child's nurse  
or doctor
- [www.seattlechildrens.org](http://www.seattlechildrens.org)

### Free Interpreter Services

- In the hospital, ask  
your child's nurse.
- From outside the  
hospital, call the  
toll-free Family  
Interpreting Line  
1-866-583-1527.  
Tell the interpreter  
the name or extension  
you need.
- For Deaf and hard of  
hearing callers  
206-987-2280 (TTY)

You may spend time at home with your child, pretending to remove the cast with a vacuum that has a hose attachment. Refer to the cast saw not as a saw, but a vacuum.

After several weeks in a cast, your child's joints may become stiff and hard to move. This will slowly improve. Warm baths will decrease the discomfort and help your child regain range of motion.

The first week or two out of the cast can be a tough time for the child and family. Depending upon the type of surgery and the diagnosis, it may take up to a month before there is good movement of the involved joints and limbs.

### When should I call the doctor?

Please call the doctor if your child has:

- Numbness or tingling in toes
- Swelling of the toes
- A broken or cracked cast
- Unusual complaints of pain
- Fever while recovering from surgery