Treatment of a Child in a Hip Abductor Brace
Information for Parents and Guardians
Developmental Dysplasia of the Hip

Developmental Dysplasia of the Hip (DDH) is a congenital (present at birth) condition.

In adults and children, the top of the thigh bone (head of femur) fits into a cup-like socket in the pelvis (acetabulum) to make a hip joint. This joint is a ball and socket joint.

In DDH your baby’s hip socket may be

- Shallow.
- Slipping in and out of the socket as he/she moves.
- Completely dislocated.

This can affect one or both hips.
Treatment

DDH will not cause pain. However if left untreated it can cause a limp and osteoarthritis (wearing down of head of femur) when they get older.

Children with mild DDH are usually treated with a Pavlik Harness or Hip Abductor Brace. The brace / harness holds your child’s femur (thigh bone) in the correct position. Over time the child’s hip socket develops which will prevent their joint from dislocating.

Children with more severe forms of DDH may need to have surgery called;

(A) Closed Hip Reduction
(B) Open Reduction

Closed Hip Reduction

This involves your child going to theatre for an examination of their hips under anaesthetic. While they are asleep a dye will be injected into their hip joint as it is examined using x-rays. This procedure is known as an Arthrogram.

At this time your doctor may cut the tendon around your child’s hip joint if it is too tight. Once this tendon is cut their femur (thigh bone) will slip in to the correct position. This is called an Abductor Tenotomy.

To maintain this position your child may be placed in a Spica Cast for up to 18 weeks. During this time the cast will be changed every 6 weeks.
Open Reduction

Some children will need an operation to correct the position of their hip joint. If your child requires this your doctor will discuss it with you in detail.

Hip Abductor Brace

The Hip Abductor Brace is a light weight material designed to support your child’s pelvis and thighs. The brace has three Velcro straps that secure the brace in place.

Nappies

You can continue to use the same size nappy for your child that you are using now. The Orthopaedic Nurses will show you how to change and dress your child while they are wearing the brace.

Skin Care

A vest should be worn at all times under the brace to protect your child’s skin. Cut the legs out of cotton tights and use to protect the skin around your child’s legs.

If your child develops a rash or becomes unwell while wearing a brace please contact the Orthopaedic Nurse.

If your doctor does not want the brace removed at all, you can open one strap at a time to wash and change your child.
Use cotton tights around your child’s legs to protect their skin.

The strap should be loose enough to allow you to place two fingers between it and your child’s tummy.
Buggy

- Your child’s buggy or wheelchair in an upright position may be the best position for feeding.

- Depending on the size of your child’s brace you may need to change their buggy. A buggy without sides would be most suitable.

Car Seats

You will need a suitable car seat when your child is discharged to allow for safe transport home.

Car seats need to have a flat base with low sides.

Please refer to the correct age, weight and height for your child when purchasing car seats.
Orthopaedic Health Professionals

Orthopaedic Nurses
Anna Wade RCN, RPN
Orthopaedic Practitioner

Lorraine Fitzgerald RCN, RGN
H.Dip Orthopaedics

Orthopaedic Health Care Assistant/Technician
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8am - 4pm Monday, Wednesday, Thursday, Friday
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Direct Line: 01 878 4706 or 01 878 4200
Bleep 115 or 900

Outside these hours please contact the
Emergency Department

01 878 4200
Please remember to wash your hands or use hand gel when visiting the Hospital

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The information contained in this leaflet is correct at time of development