

Broken bones in the lower leg

Information for patients, parents and guardians

The lower leg is made up of two bones, the tibia (shinbone) and fibula (calf bone). A break (fracture) in one or both of these bones is a fairly common lower limb injury in children. It often results from a direct injury or an indirect trauma, such as a twisting force. This factsheet aims to answer your questions about your child's broken leg but if you have any further concerns your child's healthcare team will be happy to discuss them.

Investigations needed

An x-ray will confirm the position and type of fracture. This helps the doctor to decide the best treatment.

Treatment

Your child may need a plaster cast (from their toes to either above or below the knee) to keep the ends of the broken bone in place. Sometimes a half plaster (backslab) is put on until the swelling at the fracture site has gone down.

Your child may need a general anaesthetic (medicine given to make them go to sleep) to allow their doctor to realign the bone ends into a good position. This is called 'manipulation under general anaesthetic'.

Sometimes an operation is needed to internally fix the bones with a metal plate, screw, wires or a flexible nail. If internal metalwork is used to secure the bone ends, it may need to be removed under a general anaesthetic at a later date.

If an operation is needed, the consultant will discuss the treatment options with you, including the benefits and risks of surgery.

Plaster cast

A plaster cast is normally applied after the bone ends have been put into the correct position. Once the plaster cast is put on, your child will need to stay in bed for one to two days to allow it to dry. The leg will be raised on pillows or a frame to reduce the swelling that happens after a fracture.

If they have a backslab, this may be changed to a full cast (plaster all the way around the leg) before they can go home.

Pain relief will be given regularly to keep your child pain free, and x-rays taken to check the position of the bone ends. Your child may be in plaster for six to twelve weeks, and may have the plaster changed during this time.

Going home

The physiotherapist will show your child how to move around without putting any weight on the broken leg, using a frame or crutches. You will be shown how to help them with this. Younger children can struggle with crutches and may need a wheelchair or buggy. The physiotherapist, occupational therapist and nurse will talk to you about taking your child home, and discuss any adjustments that may need to be made, such as the need for a wheelchair. These can be borrowed from the British Red Cross, see the useful links section below.

An outpatient appointment will be booked for one to two weeks' time, to check the plaster and to have an x-ray to see how the fracture is healing. Your child will not be able to go to school until after their first outpatient clinic appointment.

If you have any questions or concerns please contact:

The nurse practitioners: **023 8120 4991**

Mobile: **07584 402438**

Switchboard: **023 8077 7222, bleep 2641**

Ward G3: **023 8120 6486**

Your child's GP

Useful links

British Red Cross

Web: www.redcross.org.uk

Telephone: **0845 0547 222**

NHS Choices

Web: www.nhs.uk/conditions/broken-leg

If you need a translation of this document, an interpreter or a version in large print, Braille or on audiotape, please telephone **023 8120 4688** for help.

www.uhs.nhs.uk/childrenshospital