Slipped upper femoral epiphysis

A child has growth plates at the end of their bones. A slipped upper femoral epiphysis is when the head of the femur (thigh bone) slips off the neck of the femur.

The cause
The cause is unknown. It usually happens around puberty between the ages of 11 and 17 years.

The symptoms
Your child will complain of pain in either the hip or the knee. They may have had mild pain for a couple of months (gradual slip) or suddenly have pain (acute slip). The pain will limit their movement and cause them to limp.

Investigations
X-rays of the hip will be done to confirm the problem and give an idea of how bad the slip is. A blood test will be needed before surgery.

Treatment
An operation will be needed to stabilise the growth plate and to stop it slipping more. Your child will need to be on bed rest and may have skin traction to both legs for about one week. They will be given medication for pain relief.

The operation
Slip, mild to moderate
A surgical screw is inserted across the growth plate securing the head of the femur. Your child will be on bed rest for a few days before getting up and using crutches to walk.

Severe slip
The consultant will discuss the surgical options with you.

Going home
The physiotherapist will teach your child how to get around using crutches. These will be needed for 12 weeks. For the first six weeks your child must keep all weight off the affected leg. After this, the amount of weight can be gradually increased as instructed by the medical team.

The physiotherapist and occupational therapist will discuss any possible problems at home like the need for a wheelchair.

A children’s community nurse will visit the day after you go home and check your child’s wound.
stitch is removed ten to 14 days after the operation.

Your child will be seen for an outpatient appointment within two weeks and can return to school after this first appointment. You will be advised when your child can return to contact sport.

Possible complications

The healthcare team will make your child's stay in hospital and the treatment they receive as safe as possible. However complications can happen. You should ask the healthcare team if there is anything you do not understand.

The anaesthetist will be able to discuss with you the possible complications of your child having an anaesthetic.

Pain relieving medicine will be given as prescribed by the anaesthetist or the doctor.

Bleeding can happen during or after surgery.

If the surgical wound becomes infected it will usually settle with antibiotics but may sometimes need further surgery.

Scarring of the skin may occur as a result of the surgical cut.

There may be altered feeling at the operation site, this may be temporary or permanent.

Specific complications of this surgery

Loss of position: If the surgical correction slips, this could mean more surgery is needed.

Blood supply to the femoral head is damaged: This is more likely in severe slips. This may cause the femoral head to partly collapse (this is called a vascular necrosis), but may not be evident for some months; treatment to put this right may need more surgery.

Deformity of the femoral head may cause restriction of movement in the affected hip and may require later surgery.

If you have any questions or concerns please contact
Advanced nurse practitioners: 023 8079 4991
Switchboard: 023 8077 7222 bleep 2641
Ward G3: 023 8079 6486
Your GP

If you need a translation of this document, an interpreter or a version in large print, Braille or on audio tape, please telephone 023 8079 4688 for help.