

Broken thighbone

Information for patients, parents and guardians

The medical name for a broken thighbone is a fractured femur. This factsheet explains the treatment and follow-up care that your child will have, and advises who to contact if you have any further questions or concerns.

Treatment

X-rays will be taken to check the position and the type of fracture, helping the doctor to decide the best treatment. The aim is to line up the bone into a good position to allow it to heal.

The treatment given will depend on the child's age and the position and type of fracture.

Small baby: A special harness is used to keep the legs in a comfortable position. Healing of the fracture takes about three to four weeks. A separate leaflet explains this treatment.

Children under two years: Gallows traction, a form of skin traction, is used to keep your child comfortable. In a few days a hip spica plaster cast is put on. The plaster surrounds the tummy and goes to the ankle of the fractured leg and to the knee on the opposite leg. There is a supporting bar between the two legs. Your child will need a general anaesthetic (medicine to make them go to sleep) for this to be done. Healing for younger children takes about four to six weeks.

Older children: Thomas splint traction will be used to stop the fracture from moving and to keep your child comfortable. This may be done in the emergency department or on the ward. Your child will also be given pain-relieving medicine. They may be kept in traction until the fracture has healed (approximately six to eight weeks), but normally either a hip spica plaster cast is applied under general anaesthetic or an operation is needed to fix the fractured bone internally (using flexible surgical nails or a metal plate). The surgeon will discuss these options with you.

Healing time for older children is between six to ten weeks. Your child may be sent home from hospital within five to seven days of having their surgery. Before your child goes home, we will talk to you about how to look after them at home.

At home

Your child may limp for several weeks after treatment, but this is normal.

They will need to be seen regularly in the outpatient department where x-rays will be done to check that the bone is healing.

Possible complications

Your child's healthcare team will ensure their stay in hospital and the treatment they receive is as safe as possible. However, all medical procedures carry some risk and there is a possibility that complications might arise.

You should ask the healthcare team if you would like any more information about possible complications, or 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.
- Bleeding can happen during or after surgery and there may be scarring as a result of the surgical cut.
- If the surgical wound becomes infected it will usually settle with antibiotics but may sometimes need further surgery.
- There may be altered feeling at the operation site, this may be temporary or permanent.

If you have any questions or concerns please contact:

The nurse practitioners: **023 8120 4991** mobile: **07584 402438**

Ward G3: **023 8120 6486**

Your child's GP

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For help preparing for your visit, arranging an interpreter or accessing the hospital please visit **www.uhs.nhs.uk/additionalneeds**

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Version 4. Published July 2020. Due for review July 2023. 1122