Frequently Asked Questions:

Hip issues in children with cerebral palsy

Do children with cerebral palsy often have hip issues?

A common hip issue is the knees pulling in towards each other. This can cause scissoring or crossing of the legs. For kids who wear diapers, diaper changes can be difficult due to the tightness.

The knees want to pull in and now the pelvis x-ray shows a hip problem. Why is that?

When the muscles tighten to pull the knees together, they also put pressure on the hip joints. If the muscle tightness is persistent and if it goes on for years, it can slowly work to push the ball of the hip joint out of the socket. This happens so slowly that there is no pain with it. It is a gradual stretching and deforming of the area.

The pelvis x-ray shows mild but definite hip changes. Is surgery a consideration?

You could consider an outpatient surgery, SPML of the hip adductors with obturator nerve blocks. This decreases the forces on the hip joint. It can keep the hip from getting worse for about a year. It is not a strong enough treatment to reverse the changes.

The pelvis x-ray shows moderate changes. Would SPML be recommended?

SPML alone is too weak of a medicine for this problem. SPML surgery combined with SLOB surgery should be considered.

What is SLOB surgery?

SLOB surgery is for when the ball of the hip is moving out of the socket but is not out yet. SLOB stands for Superior Lateral Outcopping Bone. Think of the hip joint as a softball in a softball glove. Normally only a little of the ball is out past the fingertips of the glove. Now imagine that the ball has moved so a third to a half of the ball is out of the socket. The SLOB surgery essentially makes the fingertips of the glove longer by adding bone, so that the ball is blocked from moving farther out of the socket.

What are the advantages of the SLOB surgery over surgeries that cut the femur or thigh bone?

Faster recovery is the big advantage. The basic structure of the body is not altered like it is when shape of the femur is changed. This means that the body does not have to get used to a different shaped bone. Also the child is allowed to weight bear as soon as tolerated, usually in a week.
What is involved with SLOB surgery?

First it is necessary to get a hip brace such as a Maple Leaf Orthosis before the surgery. This brace is then used immediately after the surgery and for 2 months, 24/7. The brace can be loosened so the skin can be kept clean. Following a 5 hour surgery the child will be in the hospital for 4 days with the first day spent in the Pediatric Intensive Care Unit. If flying, fly in Monday and fly out Wednesday 9 days later. If there are complications the stay could be longer.

Is x-ray followup important following the SLOB surgery? X-ray followup is very important following the SLOB surgery. X-rays needed: AP Pelvis at 1, 2, 3, 6, 12, 24 months after the procedure and then yearly while still growing. These can be done during clinic visits with Dr. Yngve or they can be mailed to Dr. Yngve.

The pelvis x-ray shows marked changes and the ball of the hip has gone out of the socket. Is SLOB surgery a consideration?

SLOB surgery is too weak a medicine for this problem, the Café Door surgery should be considered. If the ball has moved so it is more than a half out of the socket, it is called a dislocated hip.

Is a dislocated hip a concern if my child has no hip pain now?

If the cause of the hip dislocation is tight muscles, those muscle forces will likely lead to later hip pain.

Can future hip pain be avoided?

To avoid future pain, the ball needs to be put back into the socket. The Café Door surgery can do that.

What is done with the Café Door surgery?

The Café Door surgery consists of three parts done as one surgery. The first is to clean out the hip socket so that the ball has space to go back in. The second is to guide the ball back into the socket by cutting and repositioning the upper part of the thigh bone. The third is to reinforce the area with a simultaneous SLOB surgery. The unique feature of the Café Door surgery is that the upper part of the thigh bone that includes the ball is placed in a flexed position. This position gently persuades the ball to stay in the socket, so that it can grow in place there.

What are advantages of the Café Door procedure?

A hip brace is used after surgery, a spica cast or body cast is not required. In the brace the knees are only slightly spread. The hips are allowed to flex for sitting, and to extend for lying down. Parents are instructed to gently flex and extend the hip to maintain hip range of motion. The position of the legs in the brace is good for standing and taking steps which can start in a month.
What is involved with Café Door surgery?

First it is necessary to get a hip brace such as a Maple Leaf Orthosis before the surgery. This brace is then used immediately after the surgery and for 2 months, 24/7. The brace can be loosened so the skin can be kept clean. Following a 6 hour surgery the child will be in the hospital for 5 days with the first 2 days spent in the Pediatric Intensive Care Unit. If flying, fly in Monday and fly out Wednesday 9 days later. If there are complications the stay could be longer.

Is x-ray followup important following the Café Door surgery?  X-ray followup is very important following the Café Door surgery. X-rays needed: AP Pelvis at 1, 2, 3, 6, 12, 24 months after the procedure and then yearly while still growing. These can be done during clinic visits with Dr. Yngve or they can be mailed to Dr. Yngve.

Who developed the surgeries discussed here, the SPML surgery, the SLOB surgery and the Café Door surgery?

These surgeries were developed by Roy Nuzzo MD. The SPML surgery about 1985, the SLOB surgery about 1998 and the Café Door surgery about 2012. These surgeries are all variations and modifications of surgeries that have been done since 1935 and before.

3-21-2017