INFORMATION FOR PARENTS / CARERS OF A CHILD

DEVELOPMENTAL DYSPLASIA OF THE HIP (DDH)

WHAT IS DEVELOPMENTAL DYSPLASIA OF THE HIP (DDH)?

The hip is a ‘ball-and-socket’ joint. In a normal hip, the ball at the upper end of the thighbone (femur) fits firmly into the socket, which is part of the large pelvis bone. In babies and children with developmental dysplasia of the hip (DDH), the hip joint has not formed properly. The ball is loose in the socket and may be easy to dislocate.

In all cases of DDH, the socket (acetabulum) is shallow (dysplastic). Depending on the severity of the dysplasia, some children will be offered treatment, however, if the dysplasia is mild, it may be preferable to simply re x-ray the hips in a few months to monitor development.

TREATMENT

If your child is diagnosed with hip dysplasia, the Consultant may suggest treatment in a hip abduction brace. The brace is applied to keep your child’s hips in a suitable position to help encourage development of the hip socket. Your Consultant will decide how many hours a day that the brace must be worn. This can vary from 23 hours per day to night time only wear.

The Clinical Nurse Specialist (CNSp) will fit the brace and provide education with regard to nappy care, hygiene needs, and car seat information and answer any questions you may have. Once you go home, should you have any queries regarding your child’s care while in the brace, please do not hesitate to contact the Clinical Nurse Specialist.

Your child’s follow up x-ray, may be organised as a “virtual review”. This means a follow up x-ray, will be ordered at clinic and you will receive an x-ray only appointment. Please attend for x-ray on the appropriate day and then contact the DDH CNS on the number below to let us know that you have attended for x-ray.

The relevant Orthopaedic Consultant, will then review the x-ray and the CNS will contact you to advise on further management.

It is very important that you contact the DDH CNS following this x-ray.
CONTACT DETAILS

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