**Patient information**

 **Hip Dysplasia**

Hip dysplasia is a condition that occurs in about 1% of infants born in Norway. Girls are affected 6 times more often than boys. In half of both sexes, both hips are affected and most are detected within the first month of life, and are called **"early diagnosis"**. About 20 % are diagnosed later, and are called "**late diagnosis**". While treatment of the first group is often simple, brief, and yields good results, treatment of late diagnosed cases can be more prolonged and challenging. As a rule, the medical professional responsible for screening and treatment is linked to the Children’s Department until the infant is 4 ½ months old, then the Orthopaedic Department takes over the treatment and follow-up of your child.

All new-borns at SUS have their hips examined with hip dysplasia in mind. A Paediatrician/Children's specialist carries this out as a routine check during the first day of life.

* If something is found during this examination, the infant will be examined further using ultrasound within 1 week. If a hip ultrasound shows hip dysplasia, treatment using a Frejka pillow will be started up immediately.
* In case of doubt regarding the clinical examination result, an ultrasound of the hips will be carried out at 4 weeks of age. If this shows findings, the infant will be referred to the Children's clinic the same day for startup of Frejka pillow treatment.
* When something is found on clinical examination, but the ultrasound is normal, the infant will be examined again, using ultrasound, at 4 weeks of age. These findings will then determine further follow-up and possible treatment.
* If the clinical examination is normal, the hips are stable, and there are no risk factors, the infant will attend normal health clinic check ups.

The most common reason for development of hip dysplasia is a joint capsule that is more flexible than normal. This causes reduced stability, and means that neither the hip socket, nor the head of the thigh bone can develop normally. Congenital hip dysplasia occurs in differing degrees. If the head of the thighbone is outside the hip socket, it is called a hip luxation. If the head of the thighbone is almost outside the hip socket, it is called a subluxation. When the head of the thighbone is sitting in the hip socket, it is called hip dysplasia without dislocation.

It is not possible to identify a single causal factor for hip dysplasia, as it is a product of several **risk factors** such as hereditary factors, breech position, mechanical factors after birth, and other skeletal/foot abnormalities.

**How is hip dysplasia treated?**The aim of treatment is to achieve correct positioning of the head of the thigh bone in the hip socket (reposition), as well as keeping it in place until the joint is stable, and the hip socket is adequately developed.

How each case is to be treated is determined relative to severity and age at the time of diagnosis. The following method is the most widely used:

**The Frejka pillow is a rectangular pillow with a stiffened section around the hips and pelvis. It is attached to the infant by straps over the shoulders and around the waist. The pillow holds the legs splayed, with the hips at a 90-degree angle. The pillow is adjusted to fit each child, and must be used day and night until the child is** 4 ½ **months old.** The pillow is a correct fit when there is room for one finger on each side between the pillow and the hollow of the knee. When you can fit two fingers here, the pillow must be adjusted. The same sized pillow can usually be used during the whole treatment period. There are various pillows on the market, and you may find that other hospitals use other models. Stavanger University Hospital has chosen to use the model you have been given.

If you are in doubt, contact the Children's Outpatient Clinic on tel.:

**51 51 83 72 or 51 51 83 65** Monday – Friday between 08:00 and 15:00.

Before the treatment is completed, the hips are X-rayed, and the infant is given an appointment for a check-up at the Orthopaedic Clinic.

**PRACTICAL INFORMATION** The infant must wear the pillow 24 hours a day apart from during bathing and changing. The infant should wear little clothing under the pillow. A top and tights, or jumpsuit are enough. Do not use trousers with buttons or zips that may chafe on the pillow. Use a top with a collar or turtleneck, so that the straps don't chafe against the neck.

You may like to use bath time and nappy changes for extra cuddles and skin contact, but don't let the infant be without the pillow for long periods.

NB! Avoid lifting your child by the legs during nappy changes, lift under the bottom.

Let the infant lie a little on his/her stomach on the changing table during changes, and encourage him/her to use the back/neck muscles.

Beds and prams are usually wide enough, but a car seat may be more challenging. A seat intended for 0 to 18 kg is preferable. Car seats, high chairs, and baby carriers may be used, as long as they don’t hinder the splayed position. There are several baby equipment retailers who rental out car seats, amongst other things. It may vary from municipality to municipality as to what is on offer.

Treatment with the Frejka pillow is not painful for your child.

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