

Slipped Capital Femoral Epiphysis (SCFE)

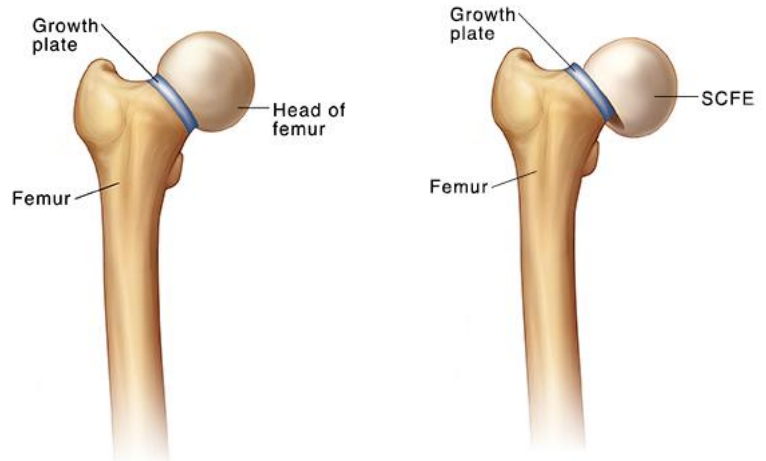
What is SCFE?

The bone in the thigh is called the femur. The top of the femur is shaped like a ball and is called the epiphysis. It fits into a cup shaped pocket in the pelvis. When the ball slips out of the pocket, it is called Slipped Capital Femoral Epiphysis (SCFE).

If the slip is severe, it can cause a lack of blood flow to the ball part of the thighbone. This can lead to permanent problems with hip movement. If left untreated, the ball can continue to slip.

This leads to decreased hip motion and increased joint stiffness and pain (degenerative joint disease).

SCFE is rare. When it does happen, it is most often seen in children age 10 to 16 years old. It is more common in boys than girls. SCFE is more common in African- American children and in children who are overweight. It can affect one hip or both hips.



What causes it?

The true cause of SCFE is not known. It may be caused by increased weight on the thighbone, a growth spurt or hormone changes in older children. It may also be caused by a twisting injury to the hip.

How does it affect my child?

There are three types of SCFE.

- **Chronic.** The slip has occurred slowly over a long time. Your child may have pain in the groin, inner thigh or knee off and on for 2 or 3 weeks or longer. Your child may have limited motion and will be able to walk, but may limp. Your child may feel mild to moderate pain whenever the hip is moved. This is the most common type of SCFE.
- **Preslip.** There is a widening of the growth area of the ball of the thighbone. The epiphysis has not slipped yet. Your child may limp occasionally or complain of pain in the groin, inside of the thigh or at the knee. This pain may be felt more with activity. X-rays done at this time may still look normal.
- **Acute.** The epiphysis suddenly slips off the head of the femur. Your child may feel sudden, severe pain in the hip, groin, thigh and/or knee. There may be limited hip movement. Your child may refuse to walk on the affected leg because of the pain. About 10% of patients with SCFE will have this type.

How is it treated?

Surgery may be needed to keep the thighbone from slipping any more. Surgery will help reduce damage to the hip joint. Without surgery, your child will have a greater risk of having arthritis in the hip. This could limit movement of the hip and cause pain later in life.

First, your child will have x-rays to see how severe the SCFE is. Surgery may be scheduled for the same day or as the x-rays. If the SCFE is severe, your child may need to be in the hospital to be in traction until the surgery can be done. After surgery, your child might stay overnight. This is to be sure your child is comfortable and can walk with crutches before going home.

How is surgery done?

- Your child will be given general anesthesia so they will not be awake for the surgery.
- An incision is made in the outer hip area.
- A pin is put into the femur at the hip (see photo to the right). This will hold the slipped epiphysis on the femur to keep it from slipping any more. X-rays are used during the surgery to help the surgeon see where to put the pins.
- The orthopedic surgeon will stitch the incision closed. Stitches may be put under the skin. These will dissolve on their own. Sometimes stitches or staples are used on the outside. These will need to be removed at a follow up visit.
- A bandage is put over the incision. You will be shown how to care for the bandaged area.
- Your child may take pain medicine for discomfort. The doctor will normally prescribe Vicodin or Roxicet. After a few days, your child can take over-the-counter Tylenol™ instead of the prescription medicine.



What restrictions will my child have after surgery?

- Your child may be told not to walk on the leg that had surgery. The doctor will let you know. Your child will be shown how to walk with crutches before going home. The doctor will let you know when it is safe for your child to walk without crutches.
- Your child will not be able to participate in gym classes or any sports for about six months or until the doctor says it is okay. Your child should not run, swim, climb, ride a bike, rollerblade or do other activities until the doctor says it is safe to do so.
- If your child has other restrictions, the doctor or nurse will explain them to you.

What follow up care will my child need?

- Make an appointment for your child to see the orthopedic surgeon about 7 to 10 days after surgery. Your child's incision will be checked. After that, your child will see the orthopedic surgeon and have x-rays taken every few months to make sure the hip is healing well.
- The doctor will decide if the pins need to be removed. If they need to be removed, this will be done once the growth plate where the slip occurred is completely healed. This is usually about one year after surgery. It can be done as a day surgery, so an overnight stay at the hospital is not needed. After the pins are removed, your child will have the same limits as when the pins were put in, but only for about eight weeks. Once the pins are removed, the doctor will let you know how often your child will need to be seen for follow up visits.
- Children who have a severe deformity because of the slip may need further surgery.
- If your child needs other follow up care, the doctor or nurse will explain this to you.

ALERT: Call your child's doctor, nurse, or clinic if you have any questions or concerns or if your child has special health care needs that were not covered by this information.

This teaching sheet is meant to help you care for your child. It does not take the place of medical care. Talk with your healthcare provider for diagnosis, treatment, and follow-up.