

Further information and advice can be obtained from:

NHS 111  
NHS Choices online

☎ 111  
[www.nhs.uk](http://www.nhs.uk)

MTW NHS Trust is committed to making its patient information accessible in a range of languages and formats. If you need this leaflet in another language or format please ask one of your clinical care team or the Patient Advice and Liaison Service (PALS). We will do our best to arrange this.

Maidstone and Tunbridge Wells NHS Trust welcomes all forms of feedback from our service users. If the standard of service you have received from the Trust does not meet your expectations, we want to hear from you. Please speak with the ward manager or the nurse in charge in the first instance, or you can contact the **Patient Advice and Liaison Service (PALS)** on:

**Telephone:** ☎ 01622 224960 or ☎ 01892 632953

**Email:** [mtw-tr.palsoffice@nhs.net](mailto:mtw-tr.palsoffice@nhs.net)

**or visit their office** at either Maidstone or Tunbridge Wells Hospital between 9.00am and 5.00pm, Monday to Friday.

You can be confident that your care will not be affected by highlighting any areas of concern or making a complaint. The Trust will retain a record of your contact, which is held separately to any medical records. If you are acting on behalf of a patient, we may need to obtain the patient's consent in order to protect patient confidentiality. More information on PALS or making a complaint can be found on the Trust's website: [www.mtw.nhs.uk](http://www.mtw.nhs.uk) or pick up a leaflet from main reception.

Issue date: April 2022

Database reference: RWF-PAE-LEA-PAT-51

Review date: April 2026

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## Fractured Femur Straight Leg Traction

Information for parents and carers



**Riverbank Unit: Maidstone Hospital**

☎ 01622 220241/ 220242

Open Monday – Friday, 7.30am – 6.00pm

**Woodlands Ambulatory Unit: Tunbridge Wells Hospital**

☎ 01892 638032/ 633346

Open 7 days a week, 7.00am - midnight

**Hedgehog Ward, Inpatient Ward: Tunbridge Wells Hospital**

☎ 01892 633525

Open 7 days a week, 24 hours a day

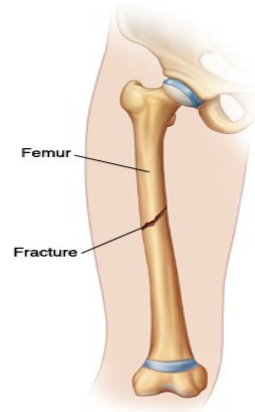
This leaflet has been produced to give you information about your child's fractured femur (broken thighbone); however, it is not a complete guide, so if you have any questions or you require further explanation please do not hesitate to ask a member of staff.

### What is the femur?

The femur is the long bone of the upper leg – the thigh bone. It is the biggest bone in the body. A fracture means a break in the bone.

In addition to hearing fractured femur you will also hear other words to describe your child's specific type of fracture – the most common of these are:

- Fractured shaft of femur; this refers to the portion of the thigh bone that is at any point from the hip to the knee
- Distal/proximal; this refers to the injury being at the top or bottom of the thigh



### Signs and symptoms:

- Pain in the thigh
- Swelling of thigh
- Discoloration of the skin (bruising)
- Inability to walk
- Crooked thighbone

### 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.

- Remaining on the traction: The doctor may request additional/removal of some of the weights, dependent on the results of x-rays and how well the bone is healing.
- Fixing the bone by surgical procedures – however a surgical procedure may not be an option due to the risk of disruption to the growth plate.
- You need to consider the pros and cons associated with the above options. Some of which are: length of stay is reduced if bone fixed by surgery. Surgical procedure will result in a scar. Re-introduction of short-term pain relief following surgery.
- Initially your child will be having x-rays weekly; this is sometimes reduced towards the end of the child's stay in hospital.

### Removal of traction and discharge home

- When the time comes for the traction to be removed do not be surprised if your child is frightened and upset.
- It is common for the skin on the child's leg to be quite dry and flaky. Some of the hairs on the leg can be darker and longer than usual. This usually takes a few days to correct itself and it is a good idea to use baby oil or lotion after having a bath daily.
- Occasionally the child's leg can look quite thin – this is due to the lack of muscle usage whilst in the traction. This will correct itself over time.
- Once the traction is removed your child will have a short period of bed rest.
- Your child will then be assisted to mobilise – according to the Consultant's instructions.
- The Physiotherapist will assist your child to achieve mobility with the provision of the appropriate aids.

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- The nurses on the ward will perform regular observations on your child initially; this will gradually be spaced out throughout their stay on the ward. They will do traction checks as well.
  - Initially your child will need regular pain relief but this will reduce over time.
  - We encourage parents to be involved with the traction care as much as possible and we will show you how to care for your child and their traction.
  - The play specialist team can assist with distraction during traction care.
  - At the beginning your child will not want to move their leg but again this will settle and you will need to discourage them from kneeling up or tangling their traction by rolling around!
  - Keep the end of the bed tilted, unless told otherwise.
  - Outer bandages will need to be changed every day. Two people need to do this, one to maintain traction and the other to change the bandage
  - Look for any breakdown or redness of the skin. This can be relieved by good skin care and/or repositioning the child.
  - Prevent soiling of the traction when using bedpan/changing nappy.
  - Check the weights (if used) are not resting on the floor.
  - Encourage your child to exercise their ankle/foot of the effected limb regularly throughout the day.
  - Encourage them to use the non-broken limb as normal.
  - If you notice any changes, breaking down of skin, redness, swelling etc let your named nurse know as soon as possible.

### What happens next?

Once your child has settled in the traction the orthopaedic surgeon may offer you a variety of options for you to consider. These may include:

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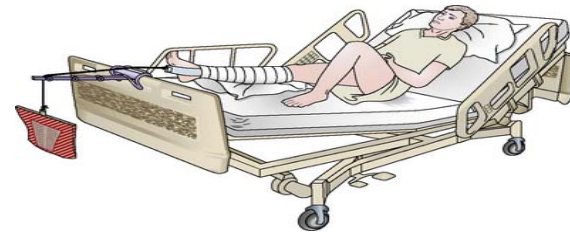
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Initially traction will be used to stop the fracture from moving and to keep your child comfortable. This may be done in the emergency department or on the ward. Your child will also be given pain-relieving medicine.

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.

### What happens when my child needs traction?



- The nurse will explain the procedure and your child will be given a strong painkiller before the traction is applied. It is especially helpful if a parent/carer remains with your child and remains calm and supportive throughout the procedure.
  - Once the painkiller has worked the nurse / doctor will straighten their leg and will apply a piece of fabric plaster dressing down each side of the injured leg – this has a foam piece that protects the ankle.
  - Straightening the leg actually helps to reduce your child's pain but can be frightening for them if they cannot understand what is happening.
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- The leg is then bandaged to secure the dressings and provide comfort. The end of the foam piece has a string attached which will be used to secure the traction to weights at the end of the bed. This system allows movement up and down the bed.
  - An over bed aid to assist your child to lift themselves up can also be attached to the bed and the child will be encouraged to use this. Please note that the nurse will be able to assist your child to move around the bed but is unable to lift your child.
  - Please encourage your child to do as much as possible using the aids provided.
  - Once the traction is in place your child's bed will be tilted with the foot slightly raised, this is to use their body weight as counter traction
  - Please let the nursing staff know if your child slips down or wriggles down the bed (both are common) and the traction weights are on the floor as this reduces the efficacy of the traction and will increase your child's pain and discomfort.

### Medicines

During your child's stay the staff will be able to provide different medications for various reasons – the main medicines used are:

- **Oramorph** – this is used initially for pain relief during the early stages or prior to any procedures.
  - **Nitrous Oxide** (gas and air) – can be used as a 'one off' for certain procedures such as applying traction
  - **Paracetamol** – this is used for pain relief – also used to control temperature.
  - **Ibuprofen** – This is used for pain relief and is particularly useful for aching types of pains
  - **Diazepam** – used to control spasms (cramp type pain) that often accompany large broken bones due to muscle involvement around the area of injury.
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- **Lactulose** – used to aid bowel movements by keeping motions soft.

### General points

#### Diet

You will need to consider what your child is eating during their stay in hospital. You need to offer foods that provide good bone-healing properties to give your child the best possible help with recovery. The staff will offer guidance and support to assist you with this but as general guide foods that contain protein and calcium are most valuable. The foods to encourage are: milk (including milkshakes), yogurts – especially full fat, cheese and eggs

Children in traction can become constipated due to immobility. Encourage a healthy fibre filled diet. The foods to encourage are: cereals, beans, fruit and vegetables.

Try to limit the amount of sweets and crisps your child eats and try to save these for after tea-time or as a treat. This is due to a reduced appetite due to immobility as well as encouraging a healthy, balanced diet.

#### School

Inform your child's school as soon as possible about their hospital admission and potential length of time off school. Once your child is settled on traction we encourage all children to do daily school work so they do not fall behind at school. This also prevents boredom and creates structure for the day. Please ask your child's school/teacher to provide work for your child to do.

The Hospital Play team will devise a school/play plan and assist you with this, including sitting and playing with your child should you need a break.

### Daily cares and checks

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