

Gallows Traction

Welcome to the Southern Adelaide Local Health Network. This information sheet aims to answer any questions you may have about your child having gallows traction.

What is Gallows traction?

Gallows traction is a type of overhead skin traction used to treat a broken bone in the thigh or hip dysplasia (hip dislocation) conditions. It is applied on children aged between 0 and up to 2 years of age who weigh up to 15kg

Gallows traction set up:

The hips are put at a 90 degree angle and the legs are suspended vertically using bandages, ropes, pulleys and weights. (see picture)

Weights and ropes are attached to the bandages and threaded through a pulley system to slightly raise the child's bottom off the bed so that a flat hand can pass underneath. This is to make sure the traction is working properly.

The length of time your child will be in this traction is determined by the Orthopaedic team.

As a rough guide:

- children with hip dysplasia will be in traction between 7 and 14 days
- children with a fractured femur (thigh) may be in traction for up to three weeks
- most children will go into a waterproof hip spica cast within a week from when they have broken their femur (upper leg bone)

Care of your child while in Gallows traction

The nursing staff will help you care for your child while they are in Gallows traction.



Pain

Children are usually more comfortable once Gallows traction has been applied.

Paracetamol will be available as needed and additional pain relief depending on your child's condition.

If treatment is for a fractured femur, your child may experience muscle spasm in their affected leg. A muscle spasm looks like a twitching of the leg. Spasms are common in the first one or two days and can occur when the bones begin to realign. If your child experiences this they may be given medication to help reduce the spasms.

Daily wash and re-bandage

Each day your child will have a wash and the outer bandage removed and reapplied by nursing staff to check your child's skin.

Feeding

Children in Gallows traction must be supervised at all times during meal times to prevent them from choking as they remain lying flat while eating and drinking.

Offer small meals and fluids and encourage the child to drink slowly as they will be lying flat and have an increased risk of choking.

Breast feeding mothers can choose to breast feed whilst the infant remains in the traction or they can express and feed using a bottle.

Your child may suffer from constipation whilst they are in the traction.

Frequent drinks and fruit will help. If your child becomes distressed the nurses can give them some medication to relieve their constipation.

Hygiene care

Frequent nappy changes are necessary to maintain your child's skin condition as urine and faeces can collect at the back of the nappy and cause skin irritation.

Safety

Despite the child being held in traction, cot sides must be up when unsupervised to ensure patient safety is maintained.

Your baby's development

Our diversional therapist can assist in providing suitable toys and stimulation to encourage your child's mental, physical and social development.

Please feel free to bring in your child's favourite toys.

X-ray

If treatment is for a fractured femur then your child may have an x-ray to check on the new bone (callus) which is forming around the fracture site. An xray may be required when they are in traction or after the hip spica is applied. These x-rays will determine total time your child will stay in traction.

Hip spica

After a period of time in traction it is highly likely at the completion of the traction, your child will be placed in a plaster called a hip spica. A hip spica is a body cast which restricts movement of hips, pelvis and broken leg.

Nursing staff and the physiotherapists will educate you on caring for your child with this plaster.

Please refer to the hip spica pamphlet for more information.



For more information

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This document has been reviewed and endorsed by consumers.