

Patient Education



ARNOLD PALMER HOSPITAL
For Children
Supported by Arnold Palmer Medical Center Foundation

The Pediatric Orthopaedic Center
at Arnold Palmer Hospital

83 W. Columbia St. Orlando, FL 32806
321-841-3040 f:321-841-3049

Guided Growth

The concept of guided growth is to use surgery (called an epiphysiodesis (e-pif-uh-si-o-desis)) to temporarily stop the growth of part or all of the growth plate at the *epiphysis* (end of the bone). This surgery is usually done when a bone has grown in a crooked fashion. This can occur on its own (i.e. bowed legs, knock-knees) or as a result of trauma or infection. X-rays as well as your child's age help the doctors decide when the surgery needs to be done.

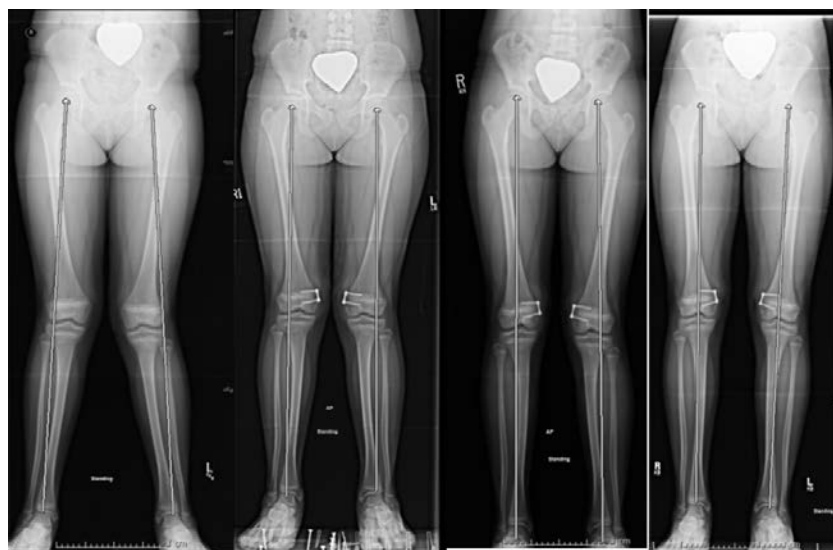
How is this surgery done?

Typically, your doctor will make an incision on one side or other of the knee or ankle depending on the pattern of the angulation. A plate or staple is placed across the growth plate on this side which will slow down the growth of that side of the growth plate (physis).

The other side of the growth plate continues to grow and corrects the angular problem over time. For example, a child with *genu varum* (bowed legs) from Blount's disease will have the outer portion of the growth plate slowed. A child with *genu valgum* (knock-knees) will have the inner portion of the growth plate plated.

Typically, the plates are temporary and must be removed at the correct timing (which your doctor will decide based on xrays) so as not to *over-correct* the problem. We rely on you making *ALL* of your follow-up appointments so this does not happen.

Example of guided growth in a 10 year old girl with genu valgum (knock knees):

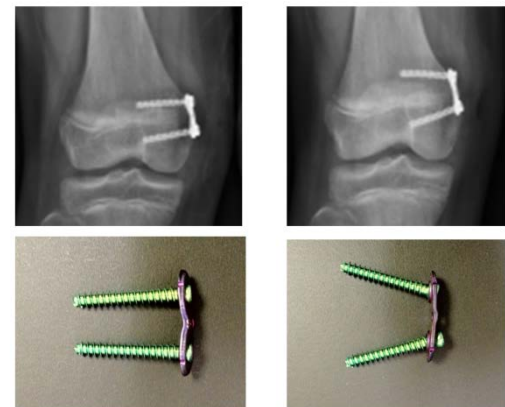


Age 10+7

Age 10+11

Age 11+2

Age 11+6



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Facts about the Surgery

- Two weeks before surgery, do not allow your child to take any aspirin, ibuprofen (i.e. Motrin®, Advil®), Aleve® or herbal medications.
- This procedure can usually be done as an outpatient (home the same day) although some children experience enough discomfort to need one night in the hospital.
- A soft cotton wrap and an ace wrap are placed on the leg after the surgery. Your child may wear a knee immobilizer (a soft removable brace) for one to two weeks for comfort and support. He will need crutches and pain medicine for a few days after discharge from the hospital.
- The doctor will need to see your child in one to two weeks to check the incision and the range of motion.
- Your child should be walking as usual in about two weeks and can resume athletic activity in about six weeks.
- An immediate correction will not be seen. It will take several months before a change is noticed.
- It is **very** important to come to follow-up visits so the doctor can check the growth and/or angle change.