



**FIG 29-12** Child with Ilizarov external fixator (IEF; on right leg) during physical therapy on parallel bars.

## **Nursing Care Management**

Success of the fixation devices depends on the child's and family's cooperation; therefore, before surgery, they must be fully informed of the appearance of the device, how it accomplishes bone growth and limits bone mobility, alterations in activities, and home and follow-up care. Children are involved in learning to adjust the device to accomplish distraction. Children and parents should be instructed in pin care, including observation for infection and loosening of the pins. Cleaning routines for the pin sites vary among practitioners but should not traumatize the skin.

Children who participate actively in their care report less discomfort. Because the device is external, the child and family need to be prepared for the reactions of others and assisted in camouflaging the device with appropriate apparel, such as wide-legged pants that close with self-adhering fasteners around the device. A loose sock or stockinette may also be used over the device to decrease public awareness. Partial weight bearing is allowed, and the child learns to walk with crutches. Alterations in activity include modifications at school and in physical education (PE). Full weight bearing is not allowed until the distraction is completed and bone consolidation has occurred. Follow-up care is essential to maintain appropriate distraction until the desired limb length is