

achieved. The device is removed surgically after the bone has consolidated, and the child may need to use crutches or have a cast for 4 to 6 weeks after removal to reduce the risk of fracture.

Amputation

A child may be born with the congenital absence of an extremity, have a traumatic loss of an extremity, or need a surgical amputation for a pathologic condition such as **osteosarcoma** (see later in chapter). With today's surgical technology and the quick thinking of bystanders who save a traumatically amputated body part, some children have had fingers and arms sewn back on with variable degrees of functional use regained.

Nursing Alert

For an amputated limb or body part that may be reattached, do the following:

1. Rinse limb gently with normal saline.
2. Loosely wrap limb in sterile gauze.
3. Place wrapped limb in a watertight bag.
4. Cool (without freezing) bag in ice water (do not pack in ice because this may harm tissue).
5. Label with child's name, date, and time, and transport with the child to the hospital.

Surgical amputation or the surgical repair of a permanently severed limb focuses on constructing an adequately nourished residual limb. A smooth, healthy, padded stump, free of nerve endings, is important in prosthesis fitting and subsequent ambulation. In some situations in which there is no vascular or neurologic deficit, a cast is applied to the stump immediately after the procedure, and a pylon, metal extension, and artificial foot are attached so the patient can walk on the temporary prosthesis within a few hours.