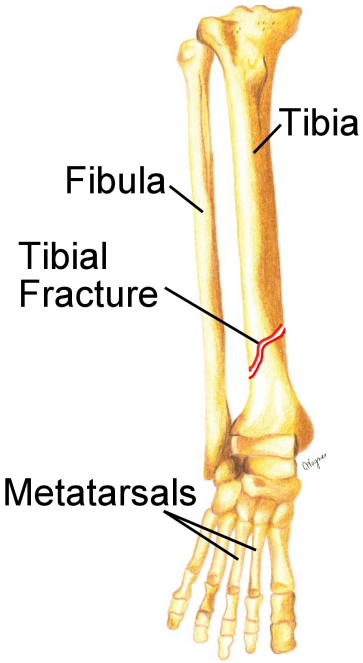
Tibial Fracture (Child)

Your child has a break in the bone (*fracture*) in the tibia. This is the large bone of the lower leg located between the ankle and the knee. These fractures are diagnosed with x-rays.



In children, when this bone is broken and there is no break in the skin over the fracture, and the bone remains in good position, it can be treated conservatively. This means that the bone can be treated with a long leg cast or splint and would not require an operation unless a later problem developed. Often times the only sign of this fracture is that the child may simply stop walking and stop playing normally, or have tenderness and swelling over the area of fracture.

DIAGNOSIS

This fracture can be diagnosed with simple X-rays. Sometimes in toddlers and infants an X-ray may not show the fracture. When this happens, x-rays will be repeated in a few days to weeks while immobilizing your child's leg.

TREATMENT

In younger children treatment is a long leg cast. Older children may be treated with a short leg cast, if they can use crutches to get around. The cast will be on about 4 to 6 weeks. This time may vary depending on the fracture type and location.

HOME CARE INSTRUCTIONS

- Immediately after casting the leg may be raised. An ice pack placed over the area of the fracture several times a day for the first day or two may give some relief.
- Your child may get around as they are able. Often children, after a few days of having a cast on, act as if nothing has ever happened. Children are remarkably adaptable.
- If your child has a plaster or fiberglass ***cast***:
  - Keep them from scratching the skin under the cast using sharp or pointed objects.
  - Check the skin around the cast every day. You may put lotion on any red or sore areas.
  - Keep their cast dry and clean.
- If they have a plaster splint:
  - Wear the splint as directed.
  - You may loosen the elastic around the splint if their toes become numb, tingle, or turn cold.
- Do not allow pressure on any part of their cast or splint until it is fully hardened.
- Their cast or splint can be protected during bathing with a plastic bag. Do not lower the cast or splint into water.
- Notify your caregiver immediately if you should notice odors coming from beneath the cast, or a discharge develops beneath the cast and is seeping through to soil the cast.
- Give medications as directed by their caregiver. Only take over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your caregiver.
- Keep all follow up appointments as directed in order to avoid any long-term problems with your child's leg and ankle including chronic pain, inability to move the ankle normally, and permanent disability.

SEEK IMMEDIATE MEDICAL CARE IF:

- Pain is becoming worse rather than better, or if pain is uncontrolled with medications.
- There is increased swelling, pain, or redness in the foot.
- Your child begins to lose feeling in the foot or toes.
- Your child develops a cold or blue foot or toes on the injured side.
- Your child develops severe pain in the injured leg. Especially if there is pain when they move their toes.

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