INFORMATION FOR PARENTS

Slipped capital femoral epiphysis (SCFE)

A slipped capital femoral epiphysis, or SCFE, is a hip condition of older children and teenagers. It is also called a slipped upper femoral epiphysis (SUFE). The ball at the top of the thigh bone slips out of position through the growth plate. SCFE needs prompt treatment, so it is important to recognise the signs early.

At a glance

Who it affects	Usually children aged about 10 to 16, during the growth spurt; more common in boys
Main signs	Hip, groin, thigh or **knee** pain, and a limp
How urgent	Same-day assessment. If your child cannot walk, call 999 or go straight to A&E
Treatment	Usually an operation to hold the hip in place with a screw
Follow-up	Regular checks and X-rays until your child stops growing

What happens in SCFE

The top of the thigh bone (femur) has a growth plate, a layer of softer cartilage where the bone grows. Above it sits the rounded “ball” of the hip joint (the epiphysis). In SCFE, the growth plate weakens and the ball slips backwards and downwards on the neck of the thigh bone. This can happen gradually over weeks or suddenly.

Why it happens

The cause is not fully understood. It happens during rapid growth, when the growth plate is under the most strain. It is more likely in children who:

- are overweight
- have certain hormone conditions, such as an underactive thyroid or growth hormone treatment
- have kidney disease or have had radiotherapy
- have a family history of SCFE

It is not caused by anything you or your child did.

Signs to look out for

- pain in the hip, groin or thigh, or **pain felt only in the knee**; hip problems often cause knee pain, which can delay the diagnosis
- a limp, or walking with the foot turned outwards
- reduced movement of the hip, especially turning the leg inwards
- the leg looking slightly shorter

- in a sudden slip, severe pain and being unable to walk or stand on the leg

Symptoms can come and go for weeks before the diagnosis is made. Any child or teenager with a limp or knee pain that does not settle should be seen by a doctor.

Stable and unstable slips

A slip is described as **stable** if your child can still walk, with or without crutches. It is **unstable** if they cannot put any weight on the leg at all. An unstable slip is an emergency.

If SCFE is suspected, your child should **stop putting weight on the leg** and use crutches or a wheelchair until they have been assessed. This helps prevent the slip getting worse.

How it is diagnosed

SCFE is diagnosed with X-rays of both hips, taken from the front and from the side. Both hips are checked because SCFE can affect both, sometimes at different times. Blood tests may be arranged to check for hormone problems, particularly in younger children or children who are not overweight.

Treatment

SCFE is treated with an operation, usually within a day or two of diagnosis. The aim is to stop the ball slipping any further.

- **Screw fixation (pinning in situ):** this is the most common operation. Under a general anaesthetic, one screw is passed through a small cut on the side of the thigh, across the growth plate and into the ball, holding it where it is. The slip is not usually pushed back into place, as this can affect the blood supply to the hip.
- **The other hip:** sometimes a screw is also placed in the other hip to prevent it slipping in the future. Your surgeon will discuss whether this is advised for your child.
- **Severe slips** may need a more complex operation to reposition the ball, which is carried out in specialist children's hip centres.

Risks and possible complications

- **Avascular necrosis:** loss of blood supply to the ball of the hip, which can damage the joint; the risk is highest after an unstable slip
- **Chondrolysis:** damage to the cartilage lining of the hip, causing pain and stiffness
- **Slip of the other hip,** if it was not fixed; it can happen months or even years later
- **Leg length difference,** usually small
- **Infection, bleeding and problems with the screw,** which are uncommon
- **Hip problems in later life,** including early arthritis, particularly after a severe slip

After the operation

- Most children go home within a day or two, using crutches.
- Your child will usually be on crutches for several weeks. Your surgeon will tell you how much weight

they can put on the leg.
- Contact sports, running and jumping are usually avoided for several months.
- Regular check-ups with X-rays continue until the growth plates close at the end of growth. This is to check the operated hip and to watch the other hip.
- If your child is overweight, support with healthy eating and activity can reduce the strain on both hips.

When to seek medical advice

Call 999 or go to A&E if:

- your child suddenly cannot walk or stand on the leg
- your child is very unwell, drowsy or floppy

Seek same-day advice (NHS 111, GP or A&E) if:

- your child has a new limp or hip, thigh or knee pain, especially between the ages of about 10 and 16
- your child has had SCFE in one hip and develops pain or a limp on the other side
- your child has a limp or leg pain with a fever or feeling unwell

Sources

This guide is based on Mr Umar's practice and is guided by British Orthopaedic Association and British Society for Children's Orthopaedic Surgery guidance and NICE Clinical Knowledge Summaries (acute childhood limp).

Questions?

Children's appointments at The Alexandra Hospital, Cheadle Danielle Heron · 07528 523911

This is general guidance. Always follow the specific advice of your child's own clinical team, as their care may differ.

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