Inflammation
• Often pin sites become inflamed and red. (Figure 3) This is not infection.

Treatment
• Clean affected pin sites every second day until the inflammation clears up.

Infection
• Movement of the pin may cause pin site infections. A bolster bandaging that keeps pin and skin movement to a minimum is one of the best preventative measures.
• Clean hands and a non-touch dressing technique is also of paramount importance.
• Pin site infections can present in varying degrees. If you suspect an infection, a swab and gram stain is often a helpful tool for determining treatment.
• If copious amounts of purulent discharge are oozing from a pin, admission to hospital for IV antibiotics may be needed.
• Superficial infections (Figure 4) can be treated by a course of oral antibiotics and daily pin site dressings. The antibiotic of choice (if there are no other contra-indications) is flucloxacillin, and dosage is 50mg/kg (max 2g) 4 times a day. Please notify us if antibiotics are prescribed to one of our patients for the purpose of monitoring progress.
Normal pin sites

- Haemoserous ooze from a pin site is normal in the initial stages of treatment. (Figures 5 & 6) Eventually, pin sites should dry up completely. If our patients get to this stage, we consider allowing showering and swimming. Dressings can be done after these activities.

Pressure areas

- Sometimes the ring of the frame can press against the skin, causing a pressure area. If this can’t be relieved by repositioning, pad the area and call the clinic for advise. (Figure 7)

Broken wires

- We must be notified as soon as possible if this occurs. Minor surgery is usually warranted to replace the broken wire.

Gaping femoral pin sites

- Pins in the large muscle bulk of the thighs are generally more open and more moist than other pin sites. This is quite normal. The movement of the muscle causes the pin site to open up. Often, this is confused with infection. If infection is suspected a swab the site is often helpful. An overgrowth of normal skin flora can produce a discharge similar to pus. The site should be cleaned more often and a firm bolster bandage should be applied to minimise the muscle movement. (Figure 8)

Problems or queries:

Phone: 03-9345-7027 Tuesday – Friday.
Leave a message on answering machine if there is no answer.
If you have an urgent query, page the orthopaedic registrar through the hospital switch board, on 03-9345-5522.
Please email us with a report of the child's progress at: limb.recon@rch.org.au