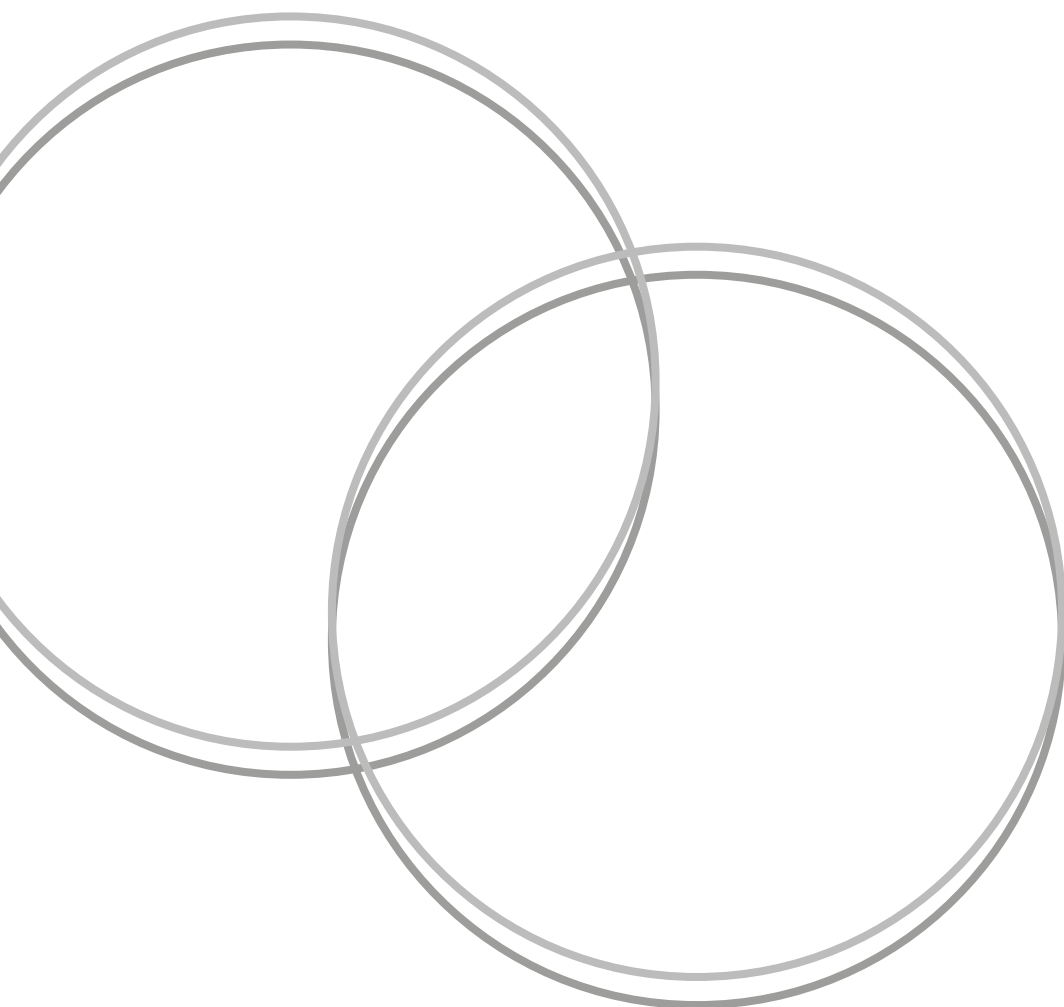




Oxford University Hospitals
NHS Foundation Trust

Caring for your full cast

Information for patients



You have been prescribed a full cast as a treatment following your injury or surgery. The doctors and Plaster Room team will tell you how long you need to wear this cast.

This leaflet has been written to give you a few recommendations to follow, to help you care for your limb and cast.

Why use a full cast?

A full cast encircles your arm or leg (or another part of your body). The cast will stabilise and hold the bones and joints in place following a fracture or surgery until healed. A cast is also applied to improve the position of joints and muscles.

There are usually several layers to a cast:

1. A stretchy stocking or dressing next to your skin.
2. Padding inside the cast to prevent rubbing
3. The outer layer can be made from fibreglass, polyester or Plaster of Paris.



As the cast is designed to hold your limb in one position it should be worn **at all times**. However, this can increase the risk of skin damage, which can lead to significant sores. If you feel discomfort or rubbing beneath your cast, please contact the Plaster Room (see the end of the leaflet for telephone numbers).

If you are a carer looking after someone who cannot tell you they are in discomfort, please look for other signs of pain or areas of redness and contact the Plaster Room with any concerns.

Please phone the Plaster Room you attended for advice if you experience:

- Continued coldness or white/blue discoloration of your fingers or toes, that is not bruising.
- Pains, pins and needles or numbness in your fingers or toes on the limb with the cast.
- Inability to move your fingers or toes after application of the cast.
- Painful rubbing beneath or on the edges of the cast.
- Continued pain in your operated/injured limb, despite taking regular painkillers.
- Your cast becoming broken, cracked, too loose, too tight or wet.
- Very swollen fingers or toes, despite elevation.
- Any fluid or discharge coming through the cast.

Remember:

- The cast should be worn at all times.
- Avoid getting the cast wet.
- Elevate the limb where possible.
- Do not sit close to a fire or heat source as your cast might become hot and burn you.
- Avoid sticking objects down/inside your cast.

Elevation

It is important and recommended that you elevate (raise up) your injured limb. This will help fluid to drain from the injured limb and reduce any swelling that may cause your cast to feel tight.

Arm:

If your arm is in a cast, you can keep it in the sling provided or rest it on cushions. Make sure that your hand is higher than your elbow.

Leg:

Please make sure that your ankle is higher than your hip. This will help fluid to drain from your leg and prevent swelling.

Exercises

Whilst you are in a cast it is important to keep the other joints of your arm or leg moving to prevent additional joint stiffness. Exercise your toes or fingers & thumb whenever possible. Bend your fingers fully, then straighten your fingers and thumb fully throughout the day.

If your arm is in a cast that finishes below the elbow, then bend and straighten your elbow as much as your cast will allow. We recommend that you also exercise your shoulder joint, or knee and hip joint whenever possible.

If you have a leg cast, please ask your doctor or the Plaster Room technicians about when you can walk on your cast and how much weight you can put through it.

Deep vein thrombosis (DVT)

If you are over sixteen and have a lower limb injury, there is a small risk of a blood clot forming in the calf, particularly if you are unable to put weight on your leg, had surgery, or have a cast on your lower limb. However, this risk is low.

DVTs are blood clots that can develop in deep leg veins and may block the normal flow of blood. Your doctor will assess you, to see if you are more at risk of developing a DVT. If you are assessed as high risk of developing a blood clot, they may recommend you are given a course of blood thinning medication, which helps lower the risk. The treatment will often be given by injection for the same amount of time you are unable to put weight on your leg or are wearing the cast or boot.

To help prevent a DVT, we recommend that while you are in a leg cast you:

- Stop smoking.
- Stay well hydrated.
- Do regular exercises (wiggle your toes, bend, and straighten your knee, if possible, and keep as mobile as possible with the help of a walking aid such as crutches or a walking frame). Your medical team will let you know if there is a reason you should limit your exercise after the cast is applied.

The Trust has a dedicated leaflet titled 'Reducing the risk of a blood clot when you have a plaster cast/lower limb immobilisation' if you would like any further information on this topic. It can be found on our website, under the patient information leaflet section.

Signs and symptoms of a blood clot (DVT)

If you experience pain or tenderness in your calf, and swelling of your lower limb, please contact your GP urgently or attend your local Accident and Emergency department. Outside of the GP opening hours, please go to your nearest **Accident and Emergency department or call 111.**

Why do I have a window cut into my cast?

Please note that not every person will require a window cut into their cast. Windows are cut in cast for two reasons:

1. For wound inspection
2. Pressure sore inspection

Once the window is cut into the hard layer of the cast you will find a layer of wool and stockinette. The wound/pressure area can then be inspected and dressed by lifting this soft layer during your treatment session. The stockinette should then be folded back across the dressing followed by the wool.

To prevent swelling forming in the area again, the window must be replaced either by temporarily taping the window in place or by permanently re-plastering the hole.

Removing the cast

We will arrange an appointment for your cast to be removed.

We use three different tools to take it off:

- An oscillating saw
- Bandage scissors
- Cast spreader

1. The oscillating saw works with a side-to-side movement and not in a circular motion, so it feels more like a vibration while grinding through the outer part of your cast. It is very noisy so you might want to wear headphones. Occasionally it may not be appropriate to use a saw to remove your cast. Plaster shears would then be used to remove the cast instead.
2. We use bandage scissors to cut through the padding and stretchy stocking – the scissors have blunt ends, so they won't cut your skin.
3. We use a cast spreader to widen the opening in the cast made by the oscillating saw.

Useful telephone numbers

John Radcliffe Hospital

Plaster Room

Tel: **01865 220219**

(9.00am to 5.00pm, Monday to Friday)

(8.00am to 11.00am, Saturday, Sunday and Bank Holidays)

Trauma Outpatient Department

Tel: **01865 740315**

(9.00am to 5.00pm, Monday to Friday)

(8.00am to 11.00am, Saturday, Sunday and Bank Holidays)

Horton General Hospital

Plaster Room

Tel: **01295 229361**

(8.30am to 12.00pm, Monday to Friday)

(8.30am to 11.00am, Saturday, Sunday and Bank Holidays)

Outpatient Department

Tel: **01295 229606**

(8.30am to 12.00pm, Monday to Friday)

(08.30am to 11.00am, Saturday, Sunday and Bank Holidays)

Nuffield Orthopaedic Centre – Plaster Room

01865 738074

(08.30am to 4.30pm, Monday to Friday)

(Closed – Saturday, Sunday and Bank Holidays)

Out of hours:

If you are concerned about your cast and unable to contact the Plaster Room, then you must **call 111 or visit your local Accident and Emergency department** as a matter of urgency.

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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Oxford University Hospitals NHS Foundation Trust
www.ouh.nhs.uk/information



Making a difference across our hospitals

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