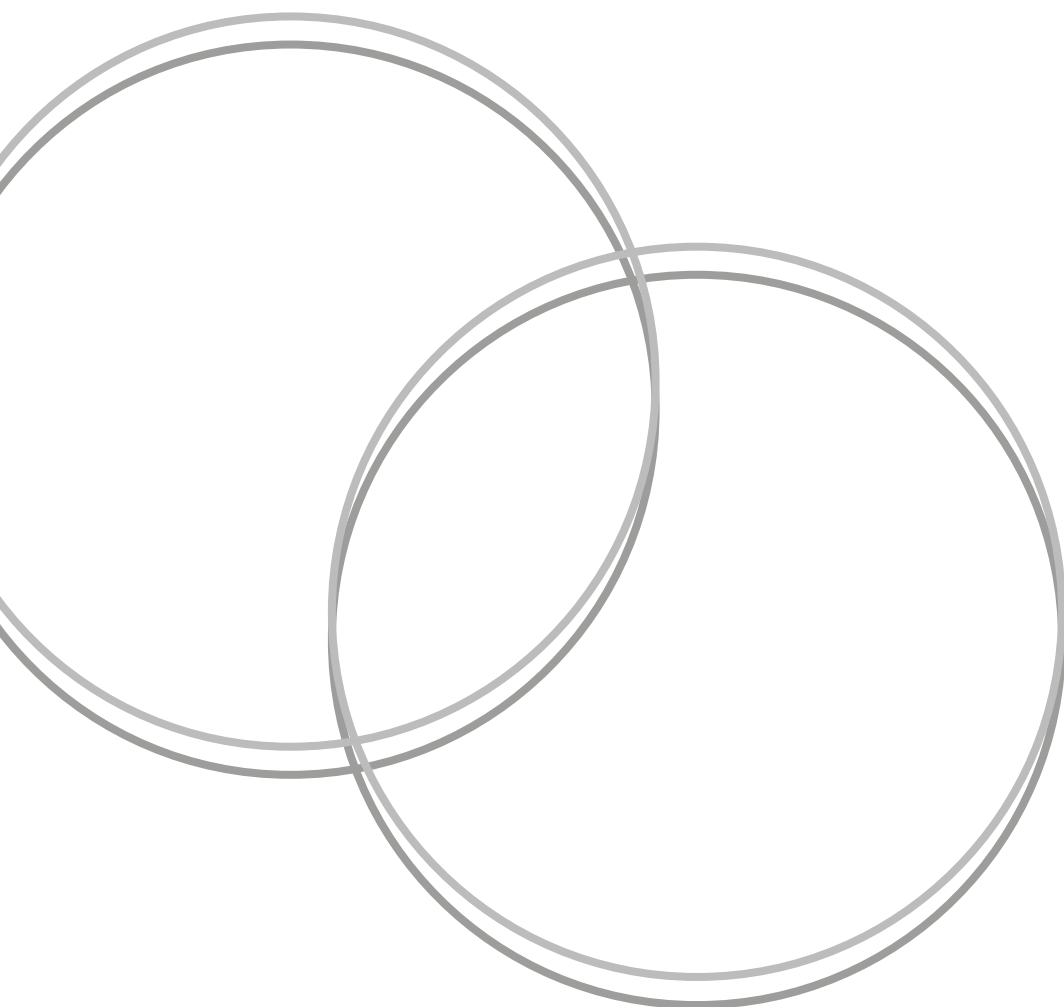




Oxford University Hospitals  
NHS Foundation Trust

# Caring for your removable cast

**Information for patients**



You have been prescribed a removable 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 removable cast?

A removable cast is made from a soft shell and reinforced with material such as fibreglass or polyester tape. It provides a firm support for your arm or leg, while allowing some degree of joint movement. The cast material will retain its shape after being put under pressure or tension. Your cast also has the benefit of being removable, to allow the medical and nursing team to complete reviews of your wound and skin to ensure it is healing well.

As the cast is designed to hold your limb in one position it should be worn all of the time. However, you will be advised by your physiotherapist or doctor if you can remove the cast, to complete exercises prescribed for you or to wash the arm or leg. The following images show examples of removable casts of the arm and leg.



Wearing a cast can lead to skin problems or pressure sores in extreme cases. 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 contact the Plaster Room for advice if you experience any of the following:**

- Continued coldness or white/blue discolouration of your fingers or toes, that is not bruising.
- New or different 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 or too tight or wet.
- Very swollen fingers or toes, despite elevation.
- Any fluid or discharge coming through the cast.

**Remember:**

- Keep the cast on unless advised to remove it by your medical and nursing team (for prescribed exercises or washing the arm or leg).
- 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.
- Please loosen the straps on the cast if the cast becomes too tight and get in touch with the Plaster Room team as a matter of urgency.
- Avoid sticking objects down/inside your cast.
- You will be provided with the appropriate material to wear under the 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 and shoulder.

## **Leg**

When resting please make sure that your ankle is higher than your hip. Also ensure the knee is kept straight. 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 and 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.

Your physiotherapist or doctor will let you know if you can remove the cast to do exercises that are prescribed for you. If you have not been given any exercises, then please assume you stay resting in the cast.

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. Please take the medication as directed by your medical team.

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.

# Useful telephone numbers

## **John Radcliffe Hospital**

### **Plaster Room**

Telephone: 01865 220 219

(9.00am to 5.00pm, Monday to Friday)

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

### **Trauma Outpatient Department**

Telephone: 01865 740 315

(9.00am to 5.00pm, Monday to Friday)

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

## **Horton General Hospital**

### **Plaster Room**

Telephone: 01295 229 361

(8.30am to 12.00pm, Monday to Friday)

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

### **Outpatient Department**

Telephone: 01295 229 606

(8.30am to 12.00pm, Monday to Friday)

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



## **Nuffield Orthopaedic Centre**

### **Plaster Room**

Telephone: 01865 738 074

(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.

# Notes



## 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](http://www.ouh.nhs.uk/information)



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