

Taking Care of Your Cast

- Always keep the cast clean and dry.
- If the cast becomes loose as the swelling goes down, call our office for an appointment, especially if the cast is rubbing against the skin.
- Cover the cast with a plastic bag or wrap the cast to bathe (and check the bag for holes before using the bag a second time). Some drug stores or medical suppliers have cast covers—plastic bags with Velcro straps to seal out water for protection during bathing. Avoid showers; use the bathtub and hang the covered cast or injured body part outside of the tub while you bathe.
- If the cast gets wet enough that the skin gets wet under the cast, contact our office. If the skin is wet for a long period of time, it may break down, and infection may occur.
- Sweating enough under the cast to make it damp may cause mold or mildew to develop. Call our office if mold or mildew or any other odor comes from the cast.
- Do not lean on or push on the cast because it may break.
- Do not put anything inside the cast. Do not try to scratch the skin under the cast with any sharp objects; it may break the skin under the cast. Do not put any powders or lotions inside the cast.
- Do not trim the cast or break off any rough edges because this may weaken or break the cast. If a fiberglass cast has a rough edge, use a metal file to smooth it. If rough places irritate the skin, call our office for an adjustment.
- An arm sling may be needed for support if the cast is on the hand, wrist, arm, or elbow. It is helpful to wrap a towel or cloth around the strap that goes behind the neck to protect the skin on the neck from becoming sore and irritated.
- If the doctor allows walking on the cast, be sure to wear the cast boot (if given one by the doctor). The boot is to keep the cast from wearing out on the bottom and has a tread to keep people in casts from falling.
- Crutches may be needed to walk if a cast is on the foot, ankle, or leg. The crutches will be adjusted properly for you before leaving our office.

Elevation

Try to keep the cast and injured body part elevated

above the level of the heart, especially for the first 48 hours after the injury occurs.

- Elevation will help to decrease the swelling and pain at the site of the injury.
- Propping the cast up on several pillows may be necessary to help elevate the injured area.

How a Cast Is Removed

Do not try to remove the cast. When it is time to remove the cast, the doctor or nurse will take it off with a cast saw and a special tool. A cast saw is a specialized saw made just for taking off casts. It has a flat and rounded metal blade that has teeth and vibrates back and forth at a high rate of speed. The cast saw is made to vibrate and cut through the cast but not to cut the skin underneath.

After several cuts are made in the cast (usually along either side), it is then spread and opened with a special tool to lift the cast off. The underlying layers of cast padding and stockinet are then cut off with scissors. After a cast is removed, depending on how long the cast has been on, the underlying body part may look different than the other uninjured side.

- The skin may be pale or a different shade.
- The pattern and length of hair growth may also be different.
- The injured part may even look smaller or thinner than the other side because some of the muscles have weakened since the cast was put on.
- If the cast was over a joint, the joint is likely to be stiff. It will take some time and patience before the joint regains its full range of motion.

When to Call Our Office

Check the cast and the skin around the edges of the cast every day. Look for any damage to the cast, or any red or sore areas on the skin. Call our office immediately if:

- The cast gets wet, damaged, or breaks.
- Skin or nails on the fingers or toes below the cast become discolored, such as blue or gray.
- Skin, fingers, or toes below the cast are numb, tingling, or cold.
- The swelling is more than before the cast was put on.
- Bleeding, drainage, or bad smells come from the cast.
- Severe or new pain occurs



Need Assistance? DME Coordinator (928) 213-6231