

# HARRIS ORTHOPAEDICS AND SPORTS MEDICINE

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## Taking Care for Your New Cast



### Cast Care Instructions

Unless you have a waterproof cast, you should keep your cast dry. However, even waterproof casts should be dried out thoroughly after getting them wet. If you don't dry your cast out after getting it wet, the skin underneath stays damp and can become moldy and smelly. Also, don't swim with your cast on unless you have the waterproof kind. To keep your cast dry in the shower (how to do this is below).

Be especially careful with your cast from getting it wet - to hitting it during the first two days so the cast and the broken bone can be protected during this critical time. Don't rest the full weight of the cast on a hard surface during these first two days. Doing so can dent the cast and can cause pressure sores on the skin under the cast causing harm and damage. If the cast involves your foot, don't walk on it for forty-eight hours, even if you have what is known as a *walking cast*. Walking on a soft cast may cause it to crack or dent again causing serious harm. Keep the casted or splinted limb *elevated* (propped up) above the level of your heart when you're able to do so.

This will reduce the swelling and help to keep the cast from becoming too tight. Avoid too much activity and situations that may re-injure you or damage your cast. There are different types of casts (example: some casts that go above the elbow or knee and some cast that go below), depending on the reason for the immobilization and/or the type of fracture – Do NOT cut a long cast to a short cast!! Remember the function of a cast is to rigidly protect an injured bone or joint, it serves to hold the broken bone in proper alignment to prevent it from moving while it heals. It can't do its job without your cooperation.

## Warning Signs

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If you have any of the following warning signs after your cast is placed or changed, you should consult your doctor or go to the emergency room if you can not get a hold of your doctor.

## Severe Pain

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Your injury will probably cause some pain, but if the pain becomes steadily worse after the cast has been placed or changed, that may be a sign that the cast is too tight.

## Bluish Nailbeds

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The area under the fingernails and toenails is called the nailbed. Normally the nailbeds are pink. When the nailbed is pinched and released, it turns white for a few seconds and then pink again. This is because small blood vessels under the nail are squeezed shut. When you release the pressure, the blood vessels quickly open back up, turning the nail bed pink once again. This is called *blanching*. If the nailbed has a blue color and doesn't turn pink again after being pinched and released or if toes or fingers turn dark or blue in color, either may be a warning sign that the cast is too tight.

## Numbness or Tingling

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You may feel some numbness after a broken bone has been straightened or fixed if any type of anesthesia (such as a regional block or local anesthesia) was used. This should wear off in a few hours. But if you feel constant numbness or tingling in the fingers or toes of the casted arm or leg, this may indicate that the cast is too tight or that a nerve has been injured.

## Immobility of Fingers or Toes

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Because of your injury, you may have pain that makes it difficult for you to move your fingers or toes. But if you have no ability to move the fingers or toes of the casted arm or leg, it may be a signal that the cast is too tight and the muscles or nerves aren't working properly.

## Severe Coolness of Fingers or Toes

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Many people notice a difference in the temperature of the casted arm or leg. Usually, this difference is minor. But if you have any other problems mentioned here that suggest that the circulation is not good, and the hand or foot is cool (compared the coolness to the non-injured (uncasted) hand/foot), it may be a sign that the cast is too tight.

## Severe Swelling

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If you have severe swelling above or below your cast, try keeping the casted limb propped up above the level of your heart. Most injuries cause at least some swelling. But if the swelling continues (compared to the swelling of the uncasted/non-injured limb) or if the swelling gets worse after the cast is put on, it may be either a sign that the cast is too tight or that something is going on under the cast that needs to be checked.

A doctor may want the person to use ice to help decrease the swelling of the injured body part. (Check with a physician before using ice.)

## Dented or Cracked Cast

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Keep the edges of the cast smooth. File down any rough spots on the cast with an emery board. Rough or uneven edges may irritate the skin. Cover rough edges of the cast with adhesive tape or cloth – something smooth and soft.

If your cast is loosening, splitting, dented or cracked, or starts falling apart before you are due for a checkup, this could lead to problems with healing. Small cracks are probably alright, but if the cast isn't doing what it is supposed to, it could affect the healing of the injury. You should also check with your doctor if you think the cast isn't holding the arm or leg still enough. **Do not remove the cast.** Call your doctor or go to the emergency room if you suspect a problem with the cast.

## Unusual Odor

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Unusual odors if just put the cast on or if odor is different than just the normal wear over time, sensations, or wounds beneath the cast. See your doctor if you develop skin problems/infection at the cast edges.

## Fever

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If you develop a fever or generalized illness call your doctor or go to the emergency room.

## Arm slings/crutches

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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 cast is on the foot or leg, do not walk on or put any weight on the injured leg, unless the doctor allows it. 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. Make sure the crutches have been adjusted properly before leaving the hospital or the doctor's office.

## Bathing/showering

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Cover the cast with a plastic bag: you can enclose it in a plastic garbage bag. Tape the open end of the bag so that water can't get in (and check the bag for holes before using the bag a second time. Some drug stores or medical suppliers have cast covers — (special cast protector or wrap) special plastic type bags with Velcro straps to seal out water for protection during bathing. If showering avoid hang the covered cast or injured body part outside of the tub while you bathe especially if it is a foot, because you can slip. If bathing do not lower the cast (arm or leg) down into the water even if it is covered.

If a fiberglass cast gets damp, dry it (make sure it dries completely). Because a fiberglass cast allows air through it, a hairdryer on the **cool setting** should do the trick (do NOT try to dry it using a hairdryer without a cool setting—you could burn yourself). If you have any trouble getting the cast dry, call a doctor to find out if the cast needs to be replaced.

## DO NOT

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- Do Not place objects under the cast. Pennies, toys, and small objects will cause sores.
- Do Not use oils, oil-based lotions, or powders near the cast
- Do Not scratch under the cast with coat hangers, back scratchers, or pencils, etc... because you can cut open the skin (scrach) which will cause sores that can become infected and cause severe problems.
- Do Not remove padding. Padding helps protect skin and hold the broken bone in place.

## What to expect when healing is complete and the doctor takes the cast off

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Often after the doctor taking x-rays again to insure the bone is healed what should you expect? First off - Do NOT try to remove the cast yourself, the doctor will do that.

When it is time to remove the cast, the doctor 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 (MUCH different from Any normal saw). The cast saw 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 stockinette are then cut off with special scissors.

## **What to expect when healing is complete and the doctor takes the cast off continue...**

### 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 (be careful not allow the limb to get sunburn within a few weeks of just coming out of a cast because the limb can burn much easier compared to the non-injured side). 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 and have not been used 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 or you may have to go to physical therapy for a little bit to get the muscles and joint moving like it did.

Or call your doctor if you have any questions regarding your treatment.

***This information is intended as a guideline only. It is not intended to supersede any directions given to you by your physician or other health care professionals. Remember that your cast helps the healing process. Avoid any activities that might interfere with healing and always follow your doctor's specific instructions about proper care of your cast and your injury.***

***Some patients may experience cast-related complications, including: skin irritation, rash, redness, maceration, blisters, itching, odor, discomfort, or broken casts. However, if any of this or any of the above information already discussed occurs please contact your physician or go to the emergency room to have the issue checked out immediately.***

\* References available upon request