

Plaster casts

This leaflet will inform you about the care of the cast or possible complications of having a cast on the arm or leg. The purpose of the temporary cast is to immobilize your arm or leg until you are seen in the fracture clinic. The type of 'cast' used in the Minor Injury Unit is a 'back-slab'. This is a type of cast only has Plaster on one side of the limb, with other bandages wrapped round. Issues with back slabs can be addressed in the Minor injury unit, problems with full casts need to be seen in Accident and Emergency

How to care for your plaster cast

- Allow the cast to dry naturally - Plaster of Paris requires 48 hours to dry completely. During this time do not cover with a sleeve or sock. After this time it will stand any reasonable strain.
- Keep the plaster clean and dry.
- Raise your limb, especially during the first few days, to reduce swelling and to prevent the cast becoming tight.
- Exercise the joints not held in your cast as much as possible eg elbows, shoulder, knee and hip. Move fingers or toes for 5 minutes every hour. This will prevent joints becoming stiff and will help to reduce swelling.
- Take regular simple pain killers.
- Remove your sling at night if you have been supplied with one and carry on with elevation.

General Care

- Do not get the plaster wet as it may disintegrate or cause irritation to the skin.
- Rings would be removed before a cast is applied.
- Please look after your cast. Do not cut, heat or place any objects into the cast. This includes coins, tissues, knitting needles or rulers. This can cause skin damage and can result in an infection.
- Do not walk on the cast until you are instructed to do so and ensure that you do not walk on your cast without a hospital supplied plaster shoe or unless you have been told to do so.
- Ensure that you do not rest the plastered leg on its heel for long periods of time. This can cause pressure area damage to your skin and can increase swelling.

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- Keep all joints not enclosed in the cast moving freely. This includes all fingers and toes.
 - Unless instructed otherwise please elevate the affected limb for 48 hours post application.
 - Do not take the cast off yourself. Always return to the Minor Injury Unit or A&E.

Potential Risks

Please contact the Minor Injuries Unit at Victoria Central Health Centre for advice if you experience any of the following in your injured limb:

- Continued coldness or white/blue discolouration of your fingers or toes - not bruising.
- Pins and needles or numbness, or increasing pain in your fingers or toes.
- Painful rubbing beneath your plaster cast.
- Any unpleasant smell.
- Continued pain despite taking regular painkillers.
- If you are unable to move your fingers or toes.
- If your fingers or toes become very swollen despite continued elevation.
- If your cast becomes soft, wet, broken, cracked or too loose or tight.
- If an object becomes lodged in your cast.

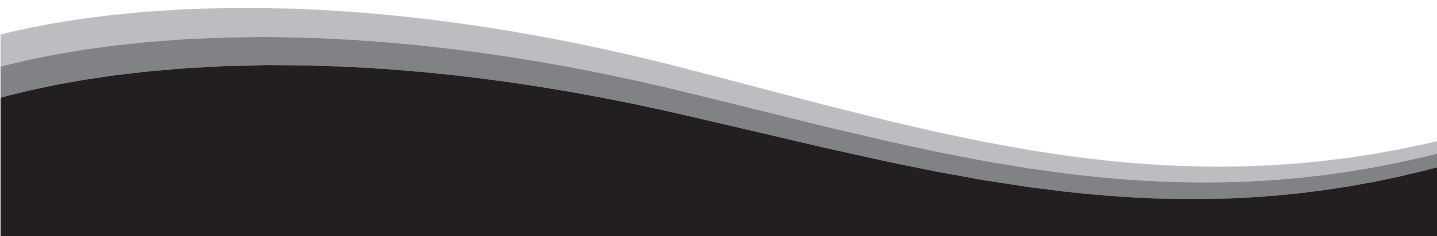
General observations

- If you experience a raised temperature, any localised heat in a specific area, burning pain, odour, discharge or staining of the cast please contact the Minor Injury Unit as soon as possible for further advice.
- Please also contact us if the cast becomes too tight, loose, rubs, becomes soft, cracks or is broken.
- Following the application of your plaster cast there is a small risk of a decrease in blood flow to the affected limb or the development of a Deep Vein Thrombosis. If you experience any of the following symptoms please contact the Accident & Emergency Department immediately:
 - ▶ Pain in your calf, thigh, or chest.
 - ▶ Sudden onset of shortness of breath with no physical exertion.
 - ▶ Your fingers or toes appear blue, white, swollen, painful, numb, and cold or you continue to have pins and needles.

Pressure ulcer prevention for patients with a cast

What is a pressure ulcer?

Pressure ulcers are a type of injury that breaks down the skin and underlying tissue. In a small number of our high risk patients there is a risk of developing a pressure ulcer. The information below outlines what steps you can take to reduce that risk.



How do pressure ulcers develop?

Pressure ulcers can develop when pressure is applied to an area of skin over a period of time. The extra pressure disrupts the flow of blood through the skin. Without a blood supply, the affected skin becomes starved of oxygen and nutrients and begins to break down, leading to an ulcer forming.

Who are the patients at risk?

The risk of developing a pressure ulcer could be increased for people who are in a plaster cast or who are finding it difficult to move, especially those confined to lying in a bed or sitting for prolonged periods of time.

To reduce risk we advise the following:

- The position of the plaster casted limb must change frequently.
- Ensure the top and bottom of the cast is not rubbing or leaving red marks.
- Ensure all toes/fingers are able to move freely.
- Regularly change your position. Turn at least every two hours.
- If you are in a leg cast and turning on your side, place a pillow in-between the knees to prevent the cast rubbing on the other leg.
- Don't rest the leg on the heel for long periods and place a pillow under the cast.

Please contact your GP or NHS111 for any queries or concerns.

If you would like this information in another format or language, please contact the Your Experience Team on freephone 0800 694 5530. Alternatively you can email wcnt.yourexperience@nhs.net

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