

INFORMATION FOR PATIENTS

Caring for YOU and YOUR cast (plaster/synthetic cast)

Plaster Cast Passport



This plaster cast passport has been designed to help you, or anyone caring for you, look after you and your plaster cast and advise you when to seek help if you experience any problems.

Please bring this passport along to any appointments that you attend.

Patient Experience Team (PET)

PET is available to help with any of your compliments, concerns or complaints, and will ensure a prompt and efficient service.

King's Mill Hospital: 01623 672222

Newark Hospital: 01636 685692

Email: sfh-tr.PET@nhs.net

If you would like this information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call the Patient Experience Team on 01623 672222 or email: sfh-tr.PET@nhs.net.

This document is intended for information purposes only and should not replace advice that your relevant health professional would give you. External websites may be referred to in specific cases. Any external websites are provided for your information and convenience. We cannot accept responsibility for the information found on them. If you require a full list of references (if relevant) for this leaflet, please email: sfh-tr.patientinformation@nhs.net or telephone 01623 622515, extension 6927.

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Your cast

At Sherwood Forest Hospitals, we use the following cast materials:

Plaster of Paris

This type of cast will give you support and comfort for your injury. The plaster feels warm and will begin to set into a solid structure within 3-4 minutes. It may feel firm/hard after a few minutes but will take up to 48 hours to dry fully.

Synthetic cast

The material used is lighter and stronger than the traditional Plaster of Paris cast and takes approximately 30 minutes to dry.

Pressure ulcer prevention

Some of the symptoms discussed below on 'daily checklist', could be a sign of a pressure ulcer. This is a type of injury that causes a break in the skin under a cast. Pressure stops blood flowing to the skin and the skin breaks down. Only a small number of people develop pressure ulcers from their cast, but it is important you contact us straight away if you have any symptoms.

Contact numbers

If you have any problems or concerns, please call the plaster room at King's Mill Hospital between 9am and 4pm, Monday to Friday, on 01623 622515, extension 4114, and speak to one of the plaster room staff.

Outside of these hours, please contact the Emergency Department at King's Mill Hospital on 01623 622515, extension 4121.

Alternatively, patients from Newark can contact the Urgent Care Centre for advice on 01636 685810.

Useful web sites

www.limboproducts.co.uk

www.potlook.co.uk

Further sources of information

NHS Choices: www.nhs.uk/conditions

Our website: www.sfh-tr.nhs.uk

Below knee casts

Fully bend and straighten the knee (if the knee joint is free from the cast). Move your toes fully up and down.

Above knee casts/cylinder casts

Move your toes up and down and if your ankle is free from plaster, allow the ankle to move up and down and around in a circle.

Tighten and relax the thigh muscles inside the cast.

Skin care after removal of your cast

You may find that your skin is dry after your cast has been removed. Using an unperfumed moisturiser on the affected area may help.

You may experience pain or swelling in the affected limb once your cast has been removed. This is normal and may continue for a few weeks, but if you are concerned please contact us using the numbers below.

Daily checklist

Regularly inspect your cast. If at any point while you have a cast on and you experience **ANY** of the following, then please ring the contact numbers shown on this passport:

- **Pain to the affected area which isn't controlled by pain relief.**
- **The cast feeling uncomfortable or is cracked, broken or soft.**
- **Soreness in any area under the cast.**
- **Any heat or redness to the fingers or toes on the affected limb in cast.**
- **A smell or discharge from the plaster - this could be a sign of an infection under the cast.**
- **A continual coldness to the affected limb or white or blue discolouration of the skin to the affected limb.**
- **A red mark where the cast is rubbing.**
- **Marks appearing on the outside of the cast that appear to be soaking through from the inside of the cast.**

Caring for your cast

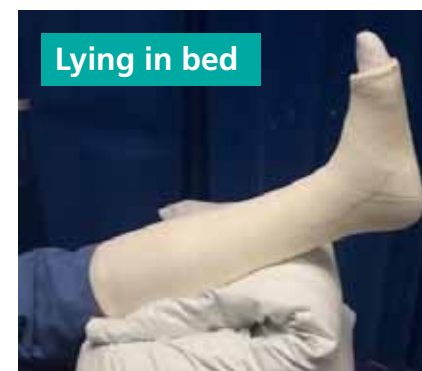
Do:

- Elevate the affected limb as much as possible.
- Keep your cast dry - special waterproof covers can be purchased. Please ask the staff for a leaflet.
- Keep moving all of your joints that aren't covered by the cast, especially your fingers, toes, elbows and shoulders.
- If required, use the crutches supplied. Please return these to the department when they are no longer required.

Don't:

- Press on your plaster - this includes writing on it until completely dry (this can take up to 48 hours).
- Walk on your leg cast unless advised you can do so and it is completely dry.
- Place any objects into the cast. This includes coins, knitting needles or rulers. This could cause an infection if there is any broken skin under the cast.
- Cut or remove your plaster if its rubbing or causing discomfort - contact us on the numbers shown at the end of this passport.
- Drive a vehicle or lift heavy objects.

4. Touch the tip of each finger with your thumb.
Move your thumb towards the base of your little finger and then fully straighten the thumb.



Lower limb

Try to keep your leg elevated as often as possible. When seated to try elevate your leg above the level of your hip. When lying down, try to elevate above the level of your heart. Use pillows or cushions to support your leg. Keep pressure off your heel at all times and change positions as often as you can.

2. Bend the knuckles only whilst keeping the other joints straight, like a roof top.



3. Bend the fingers whilst keeping the knuckles straight, forming a hook position, then straighten the fingers.



Reducing your risk of developing a blood clot

When you are injured or have had an operation, your blood naturally clots to help prevent you from losing too much blood. A deep vein thrombosis (DVT) is a blood clot that forms within a deep leg vein. This blocks the normal flow of blood through the leg veins.

Fractures and lower limb plaster casts on the leg for any foot and ankle injuries are associated with a small risk of DVTs in the leg. However, the risk is very low. Risks may be due to a reduced blood flow (i.e. immobility or surgery), changes to the clotting mechanism or changes to the smooth lining of the blood vessel wall (i.e. trauma, fracture or inflammation).

There are several factors which may increase your chance of developing a blood clot. Some of these include:

- Previous DVT or pulmonary embolism (PE – a blockage of an artery in the lungs) or a family history of DVT or PE.
- Major orthopaedic operations.
- Trauma.
- Pregnancy.
- Paralysis or immobilisation of limbs.
- Recent medical illness.
- Smoking.
- Obesity
- The contraceptive pill or HRT, which contain oestrogen.

What are the symptoms of DVT?

Typical symptoms include pain, calf tenderness and swelling in the whole leg compared to the unaffected leg. The calf may feel warm and red.

Some swelling is expected following an injury to your leg. If you feel that the swelling is increasing within the plaster cast and not settling down, or you have any pain or redness to the leg, you need to contact the plaster room during normal working hours (details at the end of this passport) or your nearest Emergency Department outside of these hours.

If you become short of breath, feel pain in your chest or upper back, or if you cough up blood, you may have a pulmonary embolism (PE). Call an ambulance or go immediately to your nearest Emergency Department.

Exercises

The following exercises are important, as they will make sure your unaffected joints do not become stiff and will help maintain good circulation, which will help with fracture healing and speed up your recovery.

Try to do each exercise at least 4 times a day and repeat each exercise 5 times.

Upper limb

Raise arm above heart level regularly throughout the day, and when resting support the elbow on some cushions with the hand raised.

Carry out the following exercises with the fingers. Try doing them with your own muscle power. If stiff, try pushing with the other hand and holding the stretch for 10 seconds.

1. Bend and straighten all the fingers.

