

# INFORMATION

## PATIENT EDUCATION

### GOING HOME WITH YOUR CAST

Please read this information before going home. This sheet gives you information about going home with a cast. Questions are answered regarding care of your cast, skin care, and warning signs to look for.

Talk with your nurse or doctor about any questions you might have. If you have questions once you are home, feel free to call University of Washington Medical Center at 548-3300. Ask for the Orthopedic Unit.

#### TYPES OF CASTS

Plaster: Your cast will be damp and heavy when first applied. As it solidifies, heat is released and the cast may become very warm. It will cool when the plaster sets. The casts may take 24 to 48 hours or longer to dry, depending on its thickness.

Fiberglass: The fiberglass cast is three times stronger than plaster, but only 1/2 to 1/3 the weight. This cast also generates heat during the drying process and usually dries within one hour. With your doctor's permission, you can bear your weight when the cast is dry. The cast edges may be sharp; they may be lightly filed with a nail file or emery board.

#### WHEN YOUR CAST IS DRYING

- Expose your cast uncovered to room air until it is dry. Do not use hair dryers or other devices at home to hurry this process. They will weaken your cast.
- Do not rest the damp cast on sharp edges. This could cause indentations leading to pressure on your skin. Handle the cast only with the palms of your hands until dry.
- Do not place any weight on the damp cast; use your crutches.

#### CARE OF YOUR CAST:

- Keep your cast dry. The plaster cast when wet will become soft and may crack. If this happens, DO NOT bear weight on it; use your crutches. With the fiberglass cast, if the padding under the fiberglass becomes wet, the skin may become irritated and sores may develop. For showering, bathing or wet weather, you can cover your cast with a plastic bag to keep it dry.
- It will be difficult to keep your cast clean. The outside may be cleaned with a damp washcloth and some scouring powder. DO NOT GET THE CAST WET TO CLEAN IT.
- Do not paint or varnish the cast. It will not be able to breathe and the skin beneath may become irritated.

## CARE OF YOUR SKIN

- Inspect skin around the cast every day. Wash fingers/toes as well as the skin around the cast making sure the cast does not get wet. Dry well. If you use hand lotion, make sure it does not build up under the cast edges.
- The skin under the cast may itch. DO NOT use anything to push inside your cast to scratch. This may wrinkle the padding, irritate the skin or you could lose part of your scratcher under the cast. This could cause a sore or start a serious infection. Should itching become intolerable, medication can be prescribed.
- If the edge of the cast is putting pressure on the skin, moleskin petals may be put over those edges.

## THINGS TO WATCH FOR:

- The cast will remain the same size, but your arm or leg may swell, particularly if held below your heart. If the cast begins to feel too tight, lie down and be sure the extremity is raised above the level of your heart. If this does not bring relief within a short time, notify your doctor.
- A properly applied cast will not cause pain. If you have pain beneath the cast, this is a warning sign. Should the cast become tight and restrict circulation, the limb beyond the cast may swell, become cold to the touch or be pale or bluish. A burning sensation under the cast or a persistent “pins and needles” sensation in the finger/toes are also warning signs.
- Your cast may crack, soften or become too loose.

**If any of the above occur, call your doctor or the orthopedist on call at UWMC, 548-6190.**

**Orthopaedics Department  
University of Washington Medical Center**

