

CAST CARE GUIDELINES

You or your child has just been given a cast. Casts are placed for many different reasons, but the care remains essentially the same. Here are some of the more common issues.

1. Keep cast dry - Unless you have been told otherwise-; your cast should remain dry. Small splashes of water will not damage the cast but full submersion will and should be avoided. *In the event that the cast does get wet, use a blow dryer on the lowest heat setting.* Call the office the following day if the cast did not dry. Persistent moistness, more than 2 days, promotes fungal growth, as in athlete's foot and diaper rash.

2. Keep arm/leg elevated - If the cast was placed for a fractured arm or leg, the toes or fingers will normally swell and become discolored for a period of 3-5 days, depending on the location and severity of the fracture. Elevating the extremity during this time period will help, but not eliminate, swelling. *If you/your child is becoming increasingly uncomfortable from the swelling and you have tried elevation, call the office for instructions.* (Inability to move the fingers/toes or intense pain when a second person moves the fingers/toes for them may be a sign that the cast is too tight.)

3. Keep cast intact - Casts are designed to be lightweight and comfortable, but not indestructible. Do not remove pieces of cotton or fiberglass. Walking casts often become soft or cracked at the heel and toes. It can be reinforced with duct tape, for a short period, as can the hand portion of an upper extremity cast. A sock or cast shoe will help prevent cast damage. *Rarely, a cast will crack in the mid-portion, or come off completely.* If this happens, call the office for advice.

4. Itching: About 50% of patients complain of itching. It is due to natural skin oils and skin exfoliation. *Never place sharp objects, such as pens, rulers, knives, etc., down a cast.* Any allergy medicine will help with itching. Follow the directions on the package insert for Benadryl tablets or elixir, which is available over-the-counter. Avoid topical medications.

5. Odor - A *small* amount of cornstarch powder~ or aerosol deodorant may be placed inside the cast. A moist towelette or washcloth may be used to wipe away soiled areas without damaging the cast.

6. Slings - Ask your doctor if a sling is required or optional. Most often, a sling is used for an "above elbow" or Full-arm cast following a fracture. As a general rule, fractures below the elbow do not require sling immobilization; fractures from the elbow and above, including the clavicle, do. *Slings are potentially dangerous to infants and should be avoided.*

Waterproof casts do exist, but are not readily available because of insurance reasons. The Doctor, in limited circumstances, may substitute a "water resistant" cast for amenable fractures of the wrist only. Ask about a waterproofing sock (XEROSOX) for swimming and bathing. (A kitchen garbage bag and tape works well, *toe!*)