

Plaster Casts and Immobilisation

You have been given this information leaflet because you have been placed in a plaster cast or fitted with another type of leg immobilisation.



Plaster casts

Plaster casts are made up of a hard covering (plaster of Paris) and a bandage. The plaster will not be fully dry for 48 hours. You may have a plaster or cast on for up to 4 to 6 weeks.

For the first few days try to keep your arm or leg raised on a soft surface when you are sitting, this will help prevent swelling. You should try to exercise the joints and muscles not covered by the plaster i.e. fingers, toes, knees, shoulders. This will help the circulation and prevent joint stiffness..

Do not:

- Get your plaster cast wet, this will weaken it.
- Poke anything down the cast if it is itchy, this will damage the skin.
- Alter the position of your cast.
- Lift any heavy objects or walk on the plaster, unless you have been told to do so.
- Drive until the cast has been removed.
- Fly without contacting your airline for advice first.

Other types of leg immobilisation – Sometimes a special boot that is secured with Velcro may be used. This makes it more likely that you will be able to walk on your injury. You should only do so however if you have been told that you can. You may remove this boot at night time in bed, but it should otherwise be worn throughout the day.

Deep Vein Thrombosis – If you have been placed in any form of leg immobilisation (e.g. plaster cast or boot) there is an increased risk of you developing a blood clot. This risk will have been assessed as to whether or not you require prophylactic treatment.

If you do require admission to hospital from the AEC unit this will be arranged as quickly as possible.

If you are discharged then your GP will be notified of this.

You should be aware of the following symptoms and seek medical help if they develop:

- Shortness of breath and chest pain that is worse when you take a breath
- Increasing swelling and pain of your leg, despite elevation for 24hours, particularly of your thigh
- Redness of the skin to your leg developing
- Pain and increased firmness to your calf muscle

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**Emergency Department
and Minor Injury Unit**
Patient information

Complications of a Plaster or Bandage

If you have any of the following problems develop or are concerned then please contact the hospital:

- Your plaster feels too tight after elevation for 24 hours.
- Your plaster is loose or cracked.
- Any of your fingers or toes become blue or white.
- The affected limb feels swollen, tingly, or painful despite adequate painkillers.

Treating Pain

If needed, painkiller options include the following:

Paracetamol is usually recommended for painful sprains or strains.

Non-steroidal anti-inflammatory drugs (NSAIDs) relieve pain and may also limit inflammation and swelling. You can buy some types (eg, ibuprofen) at pharmacies, without a prescription either topically as a cream, or as tablets. **You should check the medication advice leaflet to ensure you are safe to take these i.e some patients with asthma or stomach ulcers may not be able to.**

If this does not help, you may need an additional stronger painkiller – such as codeine – you should discuss this with your pharmacist or GP.

Further Information

For further advice and information about your condition, please choose from the following:

- 'NHS Patient Choices' website: www.nhs.uk
- 'Making Lives Better' patient website: www.patient.info
- Telephone NHS 111
- Contact your General Practitioner

Contact details:

The James Cook University Hospital: 01642 850850
Marton Road, Middlesbrough, TS4 3BW

The Friarage: 01609 779911
Northallerton, North Yorkshire, DL6 1JG

Redcar Primary Care Hospital: 01642 511000
West Dyke Road, Redcar, TS10 4NW

To ensure we meet your communication needs please inform the Patient Experience Department of any special requirements, i.e. Braille/ Large Print.

T: 01642 835964 E: stees.patient.experience@nhs.net

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