Advice for Patients with a Plaster Cast

If you have any concerns regarding your treatment or injury please contact us

**Monday to Friday 9.00am to 5.00pm**
Plaster Room - Stoke Mandeville Hospital  
01296 315743  
Plaster Room – Wycombe Hospital  
01494 425452

**In an Emergency Contact:**  
**Accident & Emergency Department:**  
Stoke Mandeville Hospital  
01296 315664  
**Minor Injuries & Illness Unit:**  
Wycombe Hospital  
01494 426075

**Patient information leaflet**  
If you require a translation or alternative format of this leaflet please call PALS on 01296 316042.
Information Guide
This information leaflet is for patients after the application of plaster cast. It outlines general care of a cast, general observations, pressure ulcer prevention advice and further instructions, if required.

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.
• 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.
• 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.
• 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.

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 Plaster Room 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, Minor Injuries & Illness Unit or Plaster Room 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, 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.

Patients who are more 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.

Immediately return to the plaster room if you start feeling the following:
• Feeling a rubbing or blister-like pain or discomfort within the cast
• Complaining of something wet or sticky inside the plaster cast.
• The plaster cast has developed a smell
• Staining has developed on the outside of the cast
• Areas of pain or local heat
Driving:
Your insurance may not be valid whilst you are being treated in a plaster cast. It should be stressed firmly that patients DO NOT drive whilst in a cast.

Flying:
Many airlines require your cast to be split before you can fly. Seek advice before flying.

Drying Times:
Plaster of Paris cast takes 48 hours to dry and Synthetic cast will take 20 – 30 minutes.

Further Advice & Instructions:
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