

## Caring for your child's cast

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This information sheet answers some common questions about cast care. The doctor treating your child may give you specific instructions for the type of cast your child needs.

### How do I take care of the cast?

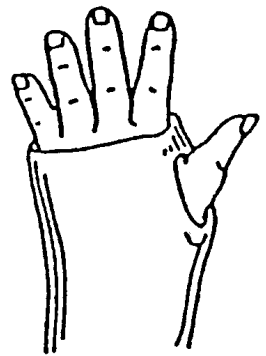
- Each day, check the skin along the edges of the cast for redness or sores. If there is swelling, the cast may put pressure on the skin, or rub against it. This can lead to skin sores, which can leave scars. This can occur anywhere under the cast or along the edges. **If there is any redness along the edges of the cast or your child has any new pain under the cast, get medical help right away.**
  - When your child is sleeping, resting or watching television, raise the cast on a pillow to help reduce swelling.
  - If the cast is not waterproof, you must keep it clean and dry. Make sure the cast stays completely dry when your child has a bath. The orthopedic technicians and nurses can give your suggestions for how to manage this.
  - You can cover the cast with a large stretchy sock to protect it. Wash and replace the socks as needed. Anything that covers the cast must be made of fabric and not plastic, to allow air to circulate around the cast.
  - Do not put anything inside the cast. Do not stuff cotton or tissues under the edges of the cast. Avoid getting crumbs, coins, food or small toys under the cast. This can reduce the blood flow and hurt your child's skin.
  - Do not let your child use objects such as knitting needles, a ruler or sticks to scratch under the cast. If itchiness is a problem, blow cool air into the cast using a hair dryer. **Be sure that the setting is on cool!** You can also try gently rubbing the skin around the cast edges. If the itchiness continues, call your child's doctor.
  - Do not bump or knock the cast against any hard surface.
  - Do not trim the length of your child's cast.
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## What activity can my child do?

- It will take your child some time to adjust to a cast because it limits movement.
- Carefully follow the instructions you are given about your child's physical activity.
- Depending on your child's needs, the doctor may arrange for your child to have physiotherapy or occupational therapy.
- If you have concerns about transportation or school, please talk with the doctor.

### Arm casts

- Your child may be given a sling to support the cast and protect the shoulder muscles.
- The doctor may encourage your child to move their fingers often. This can help reduce swelling and prevent joint stiffness. With most arm casts, your child should be able to straighten and spread all the fingers and the thumb, make a hitchhiking sign, and make a fist.



### Leg casts

- The doctor will decide whether your child should use crutches, a special shoe, or both. The decision depends on the type of injury or operation and your child's age.
  - If your child is allowed to walk on the cast, the bottom will be protected with a cast boot. This must be worn at all times, except when your child is sleeping.
  - If your child is not allowed to walk on the cast, you will need to rent crutches for your child from a medical supply store, such as Shoppers Home Health Care. Medical supply stores also rent wheelchairs, if needed.
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## When should I get medical help right away?

Check your child's cast often. If you have any of the following problems call your child's doctor or go to the nearest hospital emergency room immediately:

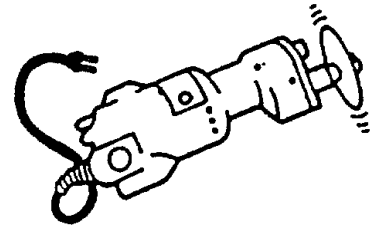
- **Bluish, cold or very swollen fingers.** The toes or fingers should feel warm. Compare their colour, temperature and size with those on the other arm or leg. To check the colour of fingers and toes, it is best if your child does not wear nail polish.
- **The cast feels tight.** A cast should never get tight. If it feels tight, your child's arm or leg may be swollen inside the rigid cast. This can reduce the blood flow.
- **Your child's arm or leg feels numb, or has a tingling, "pins and needles" or "asleep" feeling.** This may be caused by pressure on a nerve.
- **Your child's pain gets worse or your child has new pain under the cast.** This may be caused by increased swelling inside the cast. Elevate the arm or leg.
- **The skin along the edges of the cast is red or sore.**
- **Your child is unable to move his or her toes or fingers normally.** If movement is encouraged, your child should be able to do all the movements listed on the previous page.
- **A bad smell or drainage from the cast.** Infection under the cast is rare but does occur occasionally.
- **The cast becomes wet, soft or cracked.** If the cast becomes damaged it will not be as effective and needs to be repaired.
- **An object becomes stuck under the cast.** This can cause the skin to die, forming a sore or ulcer.

## **When do I bring my child back to the hospital?**

You will be given a card with a telephone number for you to call and arrange a follow up appointment in the Fracture Clinic when you leave the Emergency Department. It is important to keep your child's appointment. If you need to cancel, please call the Fracture Clinic at 905-521-2100, ext. 75665. When you visit the Fracture Clinic, please bring your child's arm sling, crutches and/or cast boot.

## **How is the cast removed?**

Your child's cast will be removed when the injury has healed. Removing the cast is a fast and painless procedure. An electric cast saw will be used. Since the saw works by vibrating it should not cut your child's skin. However, since the saw is large and noisy, your child might be frightened by it and may need to be comforted.



## **How do I care for my child's skin after the cast is removed?**

The skin that was under the cast may be dry and itchy, and look dirty. Gently wash the skin with warm water and soap. Then use cream to moisturize the skin. Do not let your child scratch the area, as this will irritate the skin.

## **What activity can my child do when the cast is removed?**

After the cast is removed it is common to find that the muscles seem very stiff and weak. This is because your child has not been using these muscles. Your child can gradually resume his or her usual activities. Your child may need a physiotherapist to show him or her exercises that will help return strength and movement. Your child needs to be careful, as weakened muscles are more likely to get injured. Gradually your child will be able to use the affected arm or leg normally.

The doctor who treated your child will give you more instructions about activity.