

CENTER FOR PEDIATRIC ORTHOPAEDICS & SCOLIOSIS

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ROBERT P HUANG, MD

PEDIATRIC SPINE SURGERY

PEDIATRIC ORTHOPAEDIC SURGERY

RANDALL SORRENTINO, PA-C

PEDIATRIC SPINE SURGERY

PEDIATRIC ORTHOPAEDIC SURGERY

LISA DOBSON, RN

PEDIATRIC ORTHOPAEDICS CASE MANAGER

SCOLIOSIS CASE MANAGER

Cast Care Instructions

Drying time: A fiberglass cast or splint will dry in 1 hour. Until the cast is dry, keep it uncovered. If the physician allows weight bearing (walking), DO NOT weight bear on a leg cast until it is dry.

1. KEEP THE CAST DRY!

DO NOT SHOWER. Even with plastic bags covering the cast, it is likely that the cast will get wet. Tub bathing is only feasible with arm casts or a short leg cast (below the knee), not with a long leg cast. A double plastic bag should be placed over the cast and taped in place above the cast edge. The limb should then be held outside the tub, not in the water. Use only a small amount of water in the tub. With very young and very small children, or in difficult circumstances, sponge bathing is recommended. Tub bathing should be supervised by an adult.

If the cast gets wet, use a hair dryer on low speed and low heat to try to dry the cast. If the cast padding and skin feel wet after 30-45 minutes of drying, the cast will need to be replaced at your expense. Insurance companies do not usually cover the cost of replacing a wet cast.

Notify our office immediately of a wet cast if surgery was performed with pins placed by the doctor.

2. Check for swelling – elevate the swollen casted arm or leg higher than the heart for up to several hours. If swelling persists after elevation and is associated with pain and/or decreased movement, the doctor's office should be notified.
3. Check for movement – have your child move the casted fingers or toes.
4. Check for sensation – the child should be able to feel light touch on all the fingers or toes of a the casted limb. To check sensation in a very young child, squeeze the casted fingers or toes and the child should draw the arm or leg away.
5. Check for circulation – press on the nail(s) of the casted fingers or toes. They should appear white and should return to pink immediately after the pressure is released.
6. Check for color – compare to the non-casted arm or leg. Very pale bluish skin or bright red skin could mean a problem, and the doctor's office should be notified.
7. Keep all foreign objects (food, bobby pins, coins, pen caps, small toys, etc) from falling inside the cast because they can cause sores. Do not place any objects (pens, pencils, coat hangers, etc) in the cast to scratch. This can break the skin and cause sores and possible infection. Do not use powder, lotion, ointment, etc inside the cast.
8. For infants and small children in a short arm cast or a leg cast, count the fingers and toes. If they disappear into the cast, the cast is slipping and needs to be replaced.
9. Casts will have an odor from sweat and dirt. This is normal. A cast with a "foul" smell may be a sign of infection, and this cast smell should be checked.

Please call our office with any cast problems or questions.