A Different Kind of Cast

A new cast is awkward.

You probably feel limited in what you can do with it.

Luckily, your physician has fitted you with a different kind of cast, constructed of the most innovative casting materials available, and designed with your comfort in mind. Your cast is made of a synthetic water-repellent padding material (3M™ Scotchcast™ Wet or Dry Cast Padding), and a fiberglass outershell designed so that you may get your cast wet, if your physician allows. The outer part is fiberglass which means that the cast is light, strong and water resistant.

The combination of these materials allows you to shower or bathe without having to wrap the cast in a waterproof cast cover, if you follow the cast care instructions listed below.

You must carefully follow your physician’s instructions if your cast treatment is to be successful. The following are general guidelines only. These guidelines should not be a substitute for your physician’s advice.
Contact your physician if you experience any of the following:

- If your cast feels too snug or tight. NOTE: swelling around the injury is common and can cause a cast to feel tight for the first 48 hours.
- If your cast does not dry.
- If you have continued coldness or discoloration of your casted limb.
- Any pain, numbness or continued tingling of your casted fingers or toes.
- If your skin becomes red, raw or emits a bad odor.
- If your cast has cracks, soft spots or becomes loose.

Cast Care—Wet Use

- If your physician permits you to get your cast wet, you must allow the cast and your skin to dry thoroughly before getting the cast wet again.
- If you experience maceration (i.e., softened, white or wrinkled skin), skin irritation, heat rash or pain, do not get the cast wet.
- Drying time for casts will vary. In some cases, weather conditions, perspiration or cast construction will prevent the cast from drying completely. Most casts will feel comfortably dry in one to three hours. If your cast feels wet longer, stop getting the cast wet.
- Parents or guardians of young children should monitor the condition of the cast and skin under the cast after the child has gotten the cast wet. If the cast is not drying, do not allow the child to get the cast wet again.
- If a blow dryer is used to aid in drying your cast, use only on a cool setting.
- Gravity causes the water to drain from the cast. If your cast is wet, it is important to position your cast so that water will drain out. If the cast will not drain, do not get the cast wet again.
- Arm cast: Hang arm downward and drain from end of cast.
- Leg cast: Tilt toes downward, to allow cast to drain from toe area or elevate leg and let drain from other end of cast.
- Avoid swimming in natural bodies of water (lakes, rivers or oceans). Waterborne parasites or contaminants entering your cast may cause skin irritation or other problems.
- Ensure that you rinse out the cast thoroughly with clean water after swimming, showering or bathing.
- For your safety when swimming, deep water should be avoided.

General Cast Care—Wet or Dry Use

- Move your fingers and toes frequently to prevent swelling and joint stiffness.
- If your cast is fitted with a cast walking shoe, wear it at all times except during bathing, showering or sleeping.
- If your cast becomes soiled, clean it with a damp cloth and a small amount of mild detergent.
- Do NOT stuff cotton or toilet tissue under your cast, since it may fall into the cast, or decrease your circulation and cause serious medical problems. Do not pull out the cast padding.
- Do NOT break off rough edges or trim your cast before consulting your physician. (Rough edges can be reduced with light filing with a nail file.)
- Do NOT expose the inside of your cast to dirt, sand or powder.
- Do NOT scratch under your cast with anything. This may break the skin and cause infection.
- Do NOT remove your cast yourself.

Although an old invention, casts are still the most common way of treating broken bones and several other injuries. A key to the effectiveness of your cast is good cast care.