



Procedure Information Sheet

Introduction

The traditional plaster is made of bandage and impregnated with calcium sulphate salt. The modern ones are made of plastic materials, which are lighter, firmer and have better ventilation properties.

Indication

- To hold the fractured segments in the best position.
- To protect injured or repaired soft tissues.
- To maintain the limb or spine in the functional position.
- To protect ligament injury.

The Operation / Procedure

1. Clean the limb to which the plaster is applied.
2. Apply layers of cotton and soft materials to the limb.
3. When the plaster hardens, it will release heat and the patient will feel mild increase in warmth in the limb. Patients should inform the medical staff if any heat feeling occurred.
4. For traditional plaster that hardens in 5 to 10 minutes, it takes 2 to 3 days to dry completely.
5. For modern plaster, it takes only 20 minutes to dry completely.

Before the Operation / Procedure

A written consent is required.

After the Operation / Procedure

1. Care of the plaster /cast
 - 1.1 Before the plaster is completely dry, always place it on soft surface such as a pillow. Do not rest it on any sharp object or place any heavy object onto it.
 - 1.2 Keep the plaster dry. Use plastic and tape to wrap plaster before shower or bathing.
 - 1.3 If one feels itchy inside the plaster, medications often help. Do not use sharp objects to scratch inside the plaster. Ventilating with a fan often brings relief.
 - 1.4 Be careful with the edges of the plaster and the body areas surrounding it. Clean the non-covered area daily.
 - 1.5 If there is any problem with the plaster or the limb, please come back to the Hospital in any time. Do not try to remove it yourself.
 - 1.6 For plaster applied to upper limbs, the fingertips should be placed above the heart level. Use a support aid when standing, walking and other activities. For plaster applied to lower limbs, place a pillow below to reduce swelling and pain.
 - 1.7 Exercise the movable body parts as often as possible to improve circulation, reduce swelling and prevent muscle wasting.
 - 1.8 Avoid bumping or knocking with your cast.

<p>Patient's Label Patient Name: _____ Hospital No: _____ Episode No: _____</p>



2. Removal of plaster /cast

- 2.1 The plaster can be removed once the fracture has been healed, as recommended by the doctor.
- 2.2 Electric saw is used to remove the plaster.
- 2.3 The patient must not move the plastered limb during plaster removal.
- 2.4 During the process, the saw generates a loud noise. The affected limb may feel some warmth and being shaken. No harm will be done to the patient, as the saw is safe for removing plaster.
- 2.5 Since the skin area beneath the plaster often has become dry, clean the area with mild soap and warm water and then apply lotion after drying.
- 2.6 Receive progressive exercise and training to regain muscle strength, as recommended by the doctor.

Risk and Complication

- 1. The plaster becomes tighter and tighter and causes pain and excessive swelling.
- 2. Finger or toe tips become cool. Nails are bluish or excessively white in colour.
- 3. Increased pain, numbness and weakness of the injured limb.
- 4. Skin sores around the plaster.
- 5. There is foul smelling discharge from the plaster.
- 6. The plasters is cracked, loosened or softened.
- 7. Any fallen object into plaster cast.

Disclaimer

This leaflet only provides general information pertaining to this operation / procedure. While common risks and complications are described, the list is not exhaustive, and the degree of risk could also vary between patients. Please contact your doctor for detailed information and specific enquiry.

Reference

Smart Patient Website of Hospital Authority, Health Guide: Plaster Care (2018)

Patient's Signature: _____ Date: _____

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