

Fractures and plaster care

What is a fracture?

A fracture is a medical term for a broken bone. Bones break when too much force is exerted against them, often during a fall or common activities such as sport. Given time and the right care, the bone heals itself.

Treatment

You may have had x-rays in the emergency department to check for a fracture. In most instances, a plaster or fibreglass cast will be applied to hold the broken bone(s) in place while the bone heals. It is more common to have a half cast than a full cast. Other fractures may be managed with slings or splints.

It is common to get some swelling of the fingers or toes around a cast as the injured limb swells in the day or two after injury. Carefully check the cast to make sure it is not too tight. There should be a gap between the cast and your skin.

It is important to monitor for poor blood supply or swelling in your fingers or toes. If this happens:

- The skin may look pale or bluish in colour
- The fingers or toes are cool or hot to touch
- You might have pins and needles or numbness
- You might not be able to move your fingers or toes

If these symptoms happen, raise the arm or leg above the level of the heart and return to the Cabrini ED. The plaster might be too tight and need to be split or cut off.

Other reasons to return to Cabrini ED are:

- Severe pain
- The cast has become damaged in any way
- You notice any problems such as areas that are becoming red/swollen/hot, damaged skin or a bad smell coming from the cast

What to expect

- Fractures can be painful. The pain can be extreme at the beginning, but it will ease once the plaster or splint is on and the fractured limb is supported and rested. The pain will settle even further over the next few days to weeks.
- Simple pain medications such as paracetamol are often needed. Take them as needed and follow the instructions on the packet.

Your doctor may prescribe stronger pain relief. Some medications may make you drowsy; if so, do not drive or operate machinery. Your doctor, nurse or pharmacist should also provide you with some specific information about pain management.

- A cast may be itchy for a few days, but this should ease
- After the cast is removed, there may be some stiffness and weakness in the limb. This should improve as you go about your normal activities.
- Sometimes physiotherapy is needed to help recovery
- The bone will continue to recover, even after the cast or splint is removed
- Take extra care and precautions to not reinjure the recovering bone, especially for the first six weeks
- You may feel a lump at the site of the fracture. This is the new bone, which will eventually take on the shape of your original bone.

Caring for the fracture

The cast, sling or splint will support and protect the bone while the fracture heals. It can sometimes cause problems with blood flow, especially in the first couple of days. The following advice may help to avoid problems.

- Frequently move or wiggle the fingers (in the case of an upper limb plaster) or toes (for a lower limb plaster)
- Keep the plaster raised (ideally above your heart) to prevent swelling, especially for the first 48 hours (for example, use a sling to keep an arm raised or place pillows under your leg when resting)
- It is important for your recovery that you keep the cast in good condition

Caring for the plaster or fibreglass cast

It is important that you look after your cast.

- Rest for a couple of days after the cast is applied to allow it to set completely
- Keep the cast dry. When having a shower or bath, put a plastic bag over the plaster and seal it with a rubber band. Try to keep the limb away from water, to prevent any leaking in. Keep the plaster out of the rain.

PATIENT INFORMATION

- Do not stick objects down the cast, as this may damage the skin and cause infection
- Do not cut or interfere with the cast
- Do not put weight on a cast. Use crutches as directed for a fracture in your leg.
- Do not lift anything or drive until the fracture is healed and a healthcare professional has advised you to return to these activities

Follow-up

For most fractures, you will be asked to visit an orthopaedic surgeon (specialist bone doctor) or local doctor one to two weeks after your injury so the fracture can be checked. If this happens, make sure you attend this appointment and take your x-rays with you if possible.

On average, a cast stays on for about six weeks. This may be longer or shorter, depending on your age, general health and the type of fracture.

Seeking help

Cabrini Emergency Department (ED) is staffed by experienced emergency doctors and nurses 24 hours a day, 7 days per week. If you have any questions about your ED treatment our qualified ED staff can be contacted on **(03) 9508 1500** at any time. If you need to return to Cabrini ED for ongoing care we would be glad to take care of you again and if this occurs within a week of your initial consultation the doctor's fee will be bulk-billed.

You can also expect to receive a phone call or SMS message from one of our emergency nurses the day after you have been discharged. The nurse will be able to clarify any aspect of your diagnosis, treatment, or follow-up.

In a medical emergency return to Cabrini ED if it is safe to do so or go to the nearest hospital emergency department or call an ambulance – dial triple zero (000).

Return to Cabrini ED if:

- Your fingers and toes become swollen or have changed colour (to white or blue), even after being elevated (raised) for 20 minutes
- Your toes or fingers feel numb
- Your toes or fingers are very cold to touch
- You develop 'pins and needles' below your plaster in your fingers or toes
- You have severe pain not controlled with the medications you have been given, especially in the first 24-48 hours
- If your cast is cracked, soft, loose or tight
- If there is a strong, offensive smell coming from the cast

Want to know more?

- Contact Cabrini ED on **(03) 9508 1500**
- Ask your local doctor or healthcare professional
- Visit the Better Health Channel at www.betterhealth.vic.gov.au