

RIGID DRESSINGS



Your surgeon has requested that you have a cast on your leg following your amputation. The cast is used for a number of reasons and medical studies have demonstrated the following:

1. Your cast will provide **compression** on your limb, which decreases normal post-operative swelling. By reducing swelling, we can speed up healing. This is why the cast is applied early on after your surgery. On average, your residual limb will shrink in size by over 15% over the next 6 weeks.
2. Believe it or not, your cast actually **reduces pain** by preventing further swelling. This, then, decreases your need for pain medication over time.
3. Your cast **reduces** the likelihood of **infections**.
4. It also **protects** the incision from being bumped by accident.
5. Finally, because your cast extends above your knee, it **prevents** you from developing a **flexion contracture** where your knee becomes fixed in a bent position.

In some cases, for about 20% of amputees, we apply a mechanism to the cast so that a prosthetic foot can be attached. This foot and pylon system is used to allow you to put some minimal weight on your limb and to get an early start at walking on two legs again. Many criteria must be met before considering whether you are a candidate to have a foot attached to your cast.

Why are there indents in my cast and why do I have to wear this belt?

There is a tendency for your cast to slip down because your limb is gradually getting smaller from shrinkage. One method we use for preventing this slippage is to make indents on each side of the cast above your knee. Much like a ring on your finger, the indents make the cast somewhat smaller than the “knuckle” which discourages the cast from sliding down. In addition, a waist belt is typically attached to your cast. Because the belt also serves to prevent the cast from slipping, you should not loosen or remove it.

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When do I get this cast off?

The minimum time for healing the incision after an amputation is usually about four weeks. Cast changes occur every one to two weeks so the doctor can examine the incision and in order to apply a smaller cast that accommodates the shrinkage. Thus, you will probably require at least three or four casts. Usually, the date of your next cast change is recorded on your cast.

If healing is delayed (longer than 6 weeks), the cast series may be discontinued. At that point, the wound may require frequent inspection, necessitating a removable residuum protector, an Ace wrap and or elastic “shrinker” instead.

Don'ts:

1. Don't lie in bed with your cast up on a pillow. This can lead to hip flexion contractures where your hip gets fixed in a bent position.
2. Don't sit up with your cast hanging out unsupported off the edge of the chair seat. If you do, the bottom front of the cast may cause pressure on the front of the cut end of your bone.
3. Don't loosen or take off your waist belt except to shower.
4. Don't get your cast wet. You can shower only if you have a special shower bag over your cast that keeps your cast dry.
5. Don't poke objects down into your cast.

If you notice that your cast has slipped down or has become loose, Center for Prosthetics Orthotics (CPO) should be contacted to possibly move up the cast change date. If you develop a fever or notice a foul smell from your cast, contact your doctor as well as CPO. CPO's telephone number is typically recorded on the cast for easy access.

When will I get my prosthesis?

Your incision must be fully healed and the sutures or staples removed before your residual limb is ready for prosthetic fittings. Typically, barring healing complications, a prosthesis is not started until about 6 weeks after amputation. Multiple prosthetic fittings then occur over the course of several weeks. Thus, you could begin learning to walk with your prosthesis in about 2 or 2 1/2 months. The entire medical team is dedicated to restoring you to your maximum function at the earliest possible opportunity. And your cast plays a role in that restoration. If you have any questions, contact CPO.