Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

# Wrightington Foot and Ankle Post-Op Care

Version number: **2**
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# Wrightington Foot & Ankle Post Operative Care

## Patient Information

## Wrightington Outpatients

- Author ID: NT / NH
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- Version: 2
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## Patient Details

Name:……..

Unit
Number:……..

Procedure:……..

# Cast Information

At Wrightington Hospital we use the following casts.

- **Plaster of Paris Backslab** - this is put on in theatre after your operation. The cast needs to dry naturally and requires 48hrs to dry completely. A Backslab does not completely encircle the limb, so this allows for extra swelling, which is common after an operation. This type of cast is only temporary.



- **Plaster of Paris C-cast** – This is a C shaped cast placed over the forefoot. This is put on in theatre after your operation. A C-cast does not fully encircle the foot-a small gap allows for swelling. This type of cast is temporary. The cast provides bone stability at the site of the surgery. You will be given a stiff-soled sandal to wear with this cast.





- **K-wires** are used to hold the bones in your foot in the correct position following surgery. The top part of the pin will protrude from your toe. This ensures the wire is easily removed. The K-wire can move slightly, or twist-this is nothing to be concerned about. K-

wires are usually removed at 6 weeks.

- **Synthetic below knee cast**- Is made of polyester, a type of plastic which can be shaped easily. The cast is light-weight and is usually applied following removal of stitches in clinic by the Nurse.



- **Walking boot** is sometimes used following surgery instead of a cast. There are two air cells in the boot which will inflate to keep the leg in place. To inflate the cells press the blue buttons located at either side. The boot needs to be deflated before it is removed. To deflate press the small metal buttons located next to the blue buttons.

# Plaster Cast Details.

| | |
|---|---|
| Type of cast | |
| Procedure | |
| Treatment | |

## Cast changes.

| | |
|---|---|
| Date | |
| Type of cast | |
| Reason for change | |
| Problems | |
| Date of next planned change | |
| Print Name | |
| Signature | |

| | |
|---|---|
| Date | |
| Type of cast | |
| Reason for change | |
| Problems | |
| Date of next planned change | |
| Print Name | |
| Signature | |

## Caring for your Cast

**DO**

- Keep the plaster clean and dry.
- Keep moving all your toes every hour for 5 mins to improve circulation.
- Raise the limb to reduce swelling; you can use pillows or cushions to support your leg.

- If required, use the crutches supplied and follow the post-operative guidance instructions.



**DON’T**

- Walk on your cast until it is completely dry.
- Place any objects down the side of the cast such as pens/rulers as this could introduce infection, if the skin is broken under the cast.
- Cut or remove your cast if it is causing discomfort. Contact Outpatients Department or your local Emergency Care Centre / Accident and Emergency Department (A&E).

## Daily Plaster Cast checklist

Inspect your cast on a regular basis. If at any point you experience any of the following, please use the contact numbers shown at the back of this information booklet.

1. Pain to the affected area which isn’t controlled by raising the limb or pain relief.

2. Toes becoming swollen, pale, blue, cold or they are difficult to move, which does not improve with raising the limb.

3. Any numbness, loss of sensation or pins and needles.

4. The plaster is damaged in any way or becomes loose and uncomfortable.

5. A foul smell or discharge coming from the cast. This could be a sign of infection.

6. Any marks or blood appearing on the outside of the cast that appear to be soaking through from the inside of the cast.

7. Any red marks or signs the cast is rubbing on the skin.

## Risks of being in a plaster cast.

Deep Vein Thrombosis (DVT) is a blood clot in a vein, usually in the leg, following an operation. This can be dangerous but is rare. The clot can also break off and travel to the lungs. This is a Pulmonary Embolism (PE).

**What should I look out for?**

New and increasing pain in your legs (usually your calf or your thigh) or a heavy ache. Skin that is warm to touch - this often hard to check if the limb is in a cast. Shortness of breath, difficulty breathing and pain in the upper chest or upper back.

**If you experience any of the above symptoms, please attend your nearest Emergency Care Centre.**

## Risk Factors

- Previous DVT/PE, or family history of DVT/PE
- Immobilisation / or paralysis of the limbs
- Recent surgery
- Obesity
- Smoking
- The contraceptive pill or HRT which contains Oestrogen.

## Pressure Ulcer Prevention

Some of the issues detailed in the ‘daily checklist’ could be the sign of a pressure ulcer. A pressure ulcer is an injury that breaks down the skin, causing damage to the underlying tissue.

There is a slightly higher risk of developing a pressure ulcer if you are diabetic or have neuropathy from previous surgery.However, anyone could develop a pressure ulcer. Please

refer to symptoms in the ‘daily checklist’ for signs.

## Your first follow-up appointment.

You should have been given a two week/three week follow-up appointment by the ward discharging you. This appointment should be with the Nurses in the Outpatients Department.

This appointment is usually for removal of stitches and cast change.

Please take painkillers prior to your first appointment to minimise any discomfort.

## 6 Week follow-up appointment

If you have K-wires in place, these are usually removed at your 6-week appointment.

This is done by the Consultant/Registrar or Practitioner. The process is quick, with minimal discomfort. You could take painkillers before this appointment if you wish.

Below-knee casts are usually removed at the six-week appointment following an x-ray.

## Cast Removal

We use different tools to remove your cast.

1. An oscillating saw
2. Cast spreaders
3. Bandage scissors



## Skin care following cast removal

Your skin may be dry after cast removal. You can use an unperfumed moisturiser on your skin if your wounds are fully healed. Wash your skin with mild soapy water and pat dry. Do not pick at skin or at scabs.

Following cast removal, you may experience joint stiffness, swelling and pain. You can ease the stiffness by bathing the limb in warm water and elevating the limb to reduce swelling.

## Contact Information

Wrightington Outpatients Department: 01257 256299

Please contact Mon-Fri, 08.00-17.00 for any wound/cast queries

Wigan A&E 01942 24400

Or local A&E if out of area

Appointments (Wrightington) 01257 256222

For any queries regarding appointments.



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