

Care after treatment at the Fracture Clinic for a limb injury

Department of Orthopaedics

Information for Patients

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What happens at the Fracture Clinic?

Most patients who come to the Fracture Clinic have been referred by either the Emergency Department or their GP.

Before you come to clinic, all of your notes and X-rays will be reviewed by the Orthopaedic Trauma Team. Your treatment plan will be decided on this day.

You may have an immobilisation device applied such as a plaster cast, splint, boot or sling. This helps to immobilise the injured limb to keep the bone in place until it fully heals.

The Orthopaedic Trauma Team will decide if you need to return for further X-rays or surgery and how long you should remain in an immobilisation device (e.g. plaster cast or splint) for.

Don't worry if this is different from the guidance you were given by the Emergency Department. The Orthopaedic Team has the specialist knowledge needed to decide the most appropriate treatment for you and your injury.

If you have been referred from the Emergency Department, please note that we will only call you the next day if you need specialist treatment. Otherwise you will receive a letter with your appointment details, which may be a face-to-face or telephone consultation.



**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

Opening hours and contact numbers

If you are seen at Leicester Royal Infirmary:

Fracture Clinic (Leicester Royal Infirmary):	Monday to Friday, 8.30am to 5pm
The Professor Harper Trauma Clinic:	Monday to Friday, 8.30am to 8pm Saturday and Sunday, 10am to 5pm
Main switchboard:	0300 303 1573
Appointments:	0116 258 5138
Problems with your cast or injury:	0116 258 5430
Bed co-ordinator:	07950861923
Theater schedulers:	07432629717
Emergency Department:	0116 258 0012 or 0116 258 0162
Transport booking (for eligible patients):	0345 241 3012
If you have any urgent problems you can contact the Fracture Clinic on 0116 258 5430.	

If you are seen at Loughborough Hospital:

Fracture Clinic (Loughborough Hospital):	Tuesday & Thursday, 8.30am to 4.30pm 01509 564373 / 01509 564375
Clinic Co-ordinator	01509 564344
Loughborough Urgent Care Centre	01509 568800

Aftercare advice if you have a plaster cast

You may have had a backslab plaster of Paris plaster applied to allow for any immediate swelling. This plaster takes about 48 hours to dry so you will need to keep this off any hard surfaces. For lower limb injuries this plaster is not strong enough to walk on so you should not put any weight on it.

Depending on your injury you may be asked to come back for a complete plaster in 2 to 4 days' time. For lower limb injuries you will be advised as to whether you can put any weight through this plaster. If you can, you will be given a plaster shoe to wear. Where possible, we are currently applying a soft wrap cast or walking boot, which you can remove yourself with the instructions which we will give you.

After your plaster is put on, it is very important to keep the leg or arm raised (elevated) as much as possible to help with swelling. To prevent pressure sores on your heel or foot ideally elevate your foot higher than your hip as much as possible. Always remember to keep your heel free to prevent any extra pressure which can cause a sore.

If your arm is in plaster the use of a sling is recommended for the first couple of weeks.

Do not get your plaster/ splint/ boot wet.

Aftercare advice

- **Swelling and bruising:** this is normal and must be expected after your injury. This swelling can come and go during your recovery and may take 6 to 12 months to settle fully.

A lot of swelling can also cause pins and needles to the affected arm or leg. Again elevation can help with this.

Remember to exercise all joints that are not in plaster on your injured arm or leg to prevent stiffness and reduce swelling, especially your:

- shoulders, fingers and elbows if your arm is in plaster.
- knees, hips and toes if your leg is in plaster.
- **Pain relief:** always take regular painkillers especially in the first couple of weeks. Paracetamol and ibuprofen are the recommended medication if you can take them. Follow the instructions on the packet.
- **Bathing and showering:** do not get your plaster/ splint/ boot wet. Leaflets advertising waterproof cast protectors are available from the department. Please ask a member of staff. We recommend not to use carrier bags or cling film to cover your plaster as these can split and leak.
- A fracture, break and crack are all the same. The bone can be fractured in several ways usually in 2 or more pieces.
- Some fractures can be treated in strapping, some in a splint, boot or plaster cast and a few will need surgery. We will talk to you about having surgery if this is needed.
- Healing starts on the first day of your injury. Smaller bones heal quicker than longer bones.
- Your age has an effect on the healing time.
- Your general health and if you smoke also affects healing. You should eat a healthy balanced diet which contains food rich in calcium and reduce or stop smoking.
- The length of time it takes to heal will depend on the type of injury you have. Most arm injuries take 4 to 6 weeks, whilst leg injuries take 4 to 12 weeks.

What problems might I have?

Please contact the Fracture Clinic where you were seen without delay if you have any of the following and we will arrange for you to attend the clinic (for out of hours please contact the Emergency Department):

- Pressure sore under your cast; symptoms of this include smelly leakage from cast or you feel any burning or rubbing in your cast.
- Pain or cramp in the calf that doesn't go away with painkillers.
- Swelling or pain that does not settle when you raise (elevate) your arm or leg.
- fingers or toes become numb and pale and this doesn't get better with elevation.
- Your plaster cracks, splits or becomes very loose, or rubs on your skin.

- Your plaster/ splint/ boot is rubbing causing the skin to feel sore.
- You get the plaster wet.

If your swelling gets too much in the plaster then you can cut the plaster down the outside from the elbow to your little finger, then apply a bandage over the top. This will ease the pressure and will still support your injury. In a boot or splint the velcro straps can be loosened.

Reducing your risk of developing a blood clot

Deep vein thrombosis (DVT) is a serious condition where a blood clot forms in a deep vein in the body. You are more at risk of this when you aren't moving around as much as usual. You will be given additional information about how to reduce the risk of developing a blood clot. Please speak to staff if you are planning to travel abroad whilst in plaster or splint.

Further information is available in the leaflets below which can be found on our online store:

www.yourhealth.leicestershospitals.nhs.uk:

- 'Reducing the risk of blood clots while you are in hospital'
- 'Reducing the risk of blood clots when you go home'

If your leg is in plaster cast, your risk of developing a blood clot (DVT) is up to 12 weeks after it is taken off. If you have any problems please speak to your GP or call the NHS helpline on 111.

Will I be able to continue driving?

We strongly advise you **not** to drive whilst you are in an immobilisation device for a limb injury.

Removal of your plaster/ splint/ boot

We will normally tell you when to remove your plaster/ splint/ boot, when it is applied, or you will receive notification of this later. Please do not remove before the time you are told to.

If you are waiting for notification about when to remove your plaster/ splint/ boot, and haven't received this within 2 weeks of your hospital visit, please contact your Fracture Clinic.

The information below will help you to remove your plaster/ splint/ boot.

How to remove your plaster cast

You will have been informed what type of cast you have on:

For arm or leg injuries in a soft plaster:

- Find the end of the plaster roll (like finding the end of a sellotape reel) and unwrap it like a very sticky bandage. Unwind it until the whole plaster has been removed. Then remove the padding and stocking.

- If you can't unwind the plaster, very carefully you can cut the plaster down the outside of your arm with a pair of blunt ended scissors. Be careful not to catch your skin with the scissors. Start at the elbow and cut down between the plaster and padding towards the little finger; slowly and carefully then slide your arm out of the plaster.
- If the plaster goes above the elbow, start on the outside of your arm and cut down to the elbow joint, then down to the little finger.
- If the leg is in plaster unwind as above or cut down the front of the plaster.

For a back slab/ half plaster cast:

- These are plasters that only go three quarters of the way round your arm/ leg and have a bandage over the top.
- Where there is a soft area with no plaster, use a blunt ended pair of scissors and cut down this bit of the bandage. Make sure you cut slowly and carefully.
- Pull apart the plaster and remove it.

Removing a splint/ boot (for knee/ ankle/ foot injuries)

Remove the knee splint/ boot by undoing the velcro straps; lift the leg out and dispose in the bin.

Aftercare advice following removal

- Please read your hospital letter for information.
- When you remove your cast we advise you to start moving your wrist/ elbow/ knee/ ankle as much as you can. It will be stiff to start with but it is important to move it as early as you can to get back the full range of movement.
- Avoid sporting activities or heavy lifting for 4 to 6 weeks after you take your plaster/ splint/ boot off.
- You will be given an exercise sheet to help with your recovery.
- You can look up exercises on YouTube related to your injury and how to remove a soft cast plaster if needed.
- Only start driving when you have enough strength to be able to control a car in an emergency situation.

What to expect after removal:

- **Dry skin:** your skin will be dry so a good wash in the bath or shower and moisturiser will help.
- **Stiffness:** your joint will be very stiff but this should ease within the first week. You will not be referred for physiotherapy unless the consultant/ nurse feels this is needed. You will be given some exercises to do at home.

- **Weakness:** your limb will feel very weak out of plaster. This is due to the loss of muscle while in plaster. Again this will improve as you build up the amount of activity you are doing.
- **Swelling:** your limb may swell sometimes during your recovery and in some cases can take up to 6 to 12 months to settle completely. Keep it raised if there is a lot of swelling.
- **Pins and needles/ numbness:** this can come and go and will eventually settle down. If you've had surgery then this can take a bit longer to settle.
- **Pain:** due to the stiffness and weakness in your limb you may find you get some pain and discomfort. Taking painkillers regularly will help to settle this.

If your leg was in a plaster cast, your risk of developing a blood clot (deep vein thrombosis (DVT)) is up to 12 weeks after it is taken off. Follow the advice given to you and make sure you know what signs to look out for.

If you have any problems please speak to your GP or call the NHS helpline on 111.

How long will my recovery take?

Please remember every patient and injury is different and therefore so will your recovery time. Generally as a guide if you've been in plaster for 4 to 6 weeks, then when your plaster comes off it will take at least another 4 to 6 weeks to get back to anywhere near your fitness level before your injury.

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغةٍ أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل
જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿੱਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।
Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email equality@uhl-tr.nhs.uk