

Discharge

If you have any of the problems listed below:

- Fingers or toes become swollen and do not return to normal when the limb is raised.
- Fingers or toes turn white or blue and feel cold to touch.
- Your child complains of pins and needles, numbness or severe pain.
- The plaster cast starts to smell.
- The plaster cast becomes loose, cracks or breaks.

Please contact the children's ward that your child returned to after the manipulation.

Your child may need to be seen by the physiotherapist team prior to discharge if crutches are needed to aid walking. If it is your child's leg that is in plaster and you are going to find it difficult to get about, please speak to the physiotherapist about loaning a wheelchair

They will need to ensure your child can use them safely before going home.

Your child's doctor will be able to advise you on when they can go back to school and when a follow up appointment will be after going home. Appointments may be sent out in the post/you may be phoned, as they can not always be arranged on the same day as

Whiston Hospital
Warrington Road,
Prescot, Merseyside, L35 5DR
Telephone: 0151 426 1600

St Helens Hospital
Marshalls Cross Road,
St Helens, Merseyside, WA9 3DA
Telephone: 01744 26633

Southport Hospital
Town Lane, Kew,
Southport, Merseyside,
PR8 6PN
Telephone: 01704 547 471

Ormskirk Hospital
Dicconson Way, Wigan Road,
Ormskirk, Lancashire, L39 2AZ
Telephone: 01695 577 111



Mersey and West Lancashire
Teaching Hospitals
NHS Trust

Manipulation under general anaesthetic and care of plaster cast

Patient information leaflet

If you need this leaflet in a different language or accessible format please speak to a member of staff who can arrange it for you.

اگر به این بروشور به زبان دیگر یا در قالب دسترس پذیر نیاز دارید، لطفاً با یکی از کارکنان صحبت کنید تا آن را برای شما تهیه کند.

Jeśli niniejsza ulotka ma być dostępna w innym języku lub formacie, proszę skontaktować się z członkiem personelu, który ją dla Państwa przygotowuje.

Dacă aveți nevoie de această broșură într-o altă limbă sau într-un format accesibil, vă rog să discutați cu un membru al personalului să se ocupe de acest lucru pentru dumneavoastră

如果您需要本传单的其他语言版本或无障碍格式，请联系工作人员为您安排。

إذا احتجت إلى هذه النشرة بلغة أخرى، أو بتنسيق يسهل الوصول إليه، يرجى التحدث إلى أحد الموظفين لترتيب ذلك لك.

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Reasons for the procedure - An injury to a limb can cause a bone to come out of a joint (dislocation), or cause a break in the bone (fracture.) A child with a broken bone will be unable to move the affected part. There will be swelling and sometimes obvious deformity. Your child will also be in some pain. An x-ray will be taken to tell us exactly what is broken.

Nature of the procedure - Under anaesthetic the dislocated bone can be manipulated back into the joint and, in the case of a fracture, the two ends of the bone are brought back together. A simple fracture may only need some splinting to support it while it “knits” together. A more severe fracture may require surgery to pin the bones together.

Benefits of the procedure - Your child’s limb will be temporarily supported in a sling, collar and cuff or back slab. This will help prevent it from moving. Your child may not go to theatre immediately as she/he needs to fast for up to 6 hours.

Risks of the procedure - Every operation carries a risk of complications, but this is very small. These complications will be discussed with you before you sign the consent form. This is your opportunity to ask the surgeon any questions you may have about the operation.

Discomforts of the procedure - After an anaesthetic your child could feel sick and vomit, have a headache, sore throat or feel dizzy. These effects are short-lived.

Consequences of not having the procedure - Your child will experience a lot of pain as the bones are not supported in the correct position. There will be a deformity in the shape of the arm or leg.

Plaster of Paris - This is a chalky white substance which is soaked in water and then moulded around the limb once the bones are in position. Once this is applied a further X-ray is taken. When your child returns from theatre, the affected limb will be raised on pillows to help prevent any swelling. Your child will be encouraged to move and then exercise his/her fingers or toes to prevent stiffening of the joints. The limb is observed for any blueness or pain which could mean the plaster is too tight.



After Discharge - It is important to let the plaster dry naturally, this can take a few hours. In this time minimal handling is necessary so as not to damage it. If it is a leg in plaster, the physiotherapist will need to assess your child and, where necessary, teach him/her to use crutches before you can take your child home.

At home your child may have some discomfort. Medicines can be given to you for your child and the doses specified should ease the pain. Paracetamol and Ibuprofen should help ease the pain. Please follow instructions regarding dose amounts on the bottle. Encourage your child to exercise all the joints that are not in the plaster cast, for instance, fingers or toes.

Keep the limb raised, this will boost blood circulation and lessen the chance of any swelling.

List of Do nots:

- **Do not let the plaster get wet.**
- **Do not put anything inside the plaster cast.** This could irritate the skin and cause infection. **This includes talcum powder or creams.**
- **Do not cut or heat the plaster.** If the plaster is uncomfortable, rubbing or digging in, contact the hospital.