

After Your Pediatric Forearm Closed Reduction

Dr. Paul Nielsen

Cast Care Rules

- Do not remove anything from the cast
 - Padding at the edges is there to protect the cast from rubbing on your skin
- Do not put anything in the cast
 - If it itches, try Benadryl or a hair dryer on cold
- Keep the cast dry at all times
 - Avoid situations like the pool where you can accidentally fall in
 - If it gets slightly wet, try to dry it with a hair dryer on cold
- Do not use the cast as a weapon
- Call our office at 308-865-2570 if something happens to your cast

What to Watch For

- If pain gets progressively worse and severe, call or bring your child in immediately to have the cast split open or removed
 - This can be a sign of too much swelling in the cast
 - Swelling in the fingers is normal so pain is the main symptom to watch

Pain Medicine

- Ibuprofen or Tylenol are recommended for pain control if possible
- Prescription pain medication with narcotic and Tylenol in it is usually prescribed
 - Avoid over-dosing on Tylenol if taking the narcotic pain medicine

Activity

- Elevate the arm as much as possible for the first few days
- Avoid high risk activity like trampolines that may break the cast or your arm next to the cast

Follow-Up Care

- You will have an appointment in clinic between 1 and 2 weeks to check XRs and make sure the arm is healing in a good position
- Casts are typically in place for 6 weeks total
- Therapy is rarely needed for children

Results

- Most kids have a complete recovery with normal function
- Slight angle to the bones is often corrected as kids continue to grow
- There is a small risk of re-breaking the arm over the first year after a forearm fracture