

Remove (Cast)

■ **IMPORTANT: DO NOT BIVALVE CAST TO REMOVE. ENSURE YOU ARE FAMILIAR WITH PROPER TECHNIQUE OF USING CAST SAW.**

1. Remove outer boot.
2. At top of cast, cut stockinette horizontally and pull protective felt padding towards knee.
3. Use cast saw with hands always in contact with patient and saw.
 - a. Cut down anterior crest of tibia and across dorsum of foot. (Fig. 16)
 - b. Make second cut across toes.
 - c. Make optional cut across malleoli if necessary.
4. Use bandage scissors to cut protective white sleeve from knee to toes. (Fig. 17)
5. Pull protective felt padding away from tibia and dorsum of foot. (Fig. 18)
6. Use bandage scissors to cut stockinette.
7. Remove foot/leg by grasping cast edges, spreading, and pulling off like a boot. Take care due to sharp edges. Do not impinge on toes. (Fig. 19)
8. Dispose of properly.



Fig. 16



Fig. 17



Fig. 18



Fig. 19

Order Code **Description** (All units and cases sold individually unless stated otherwise)

TCC-EZ® Casting Systems

TCC23000	10 Casting Systems 3" with 2 Regular Boots
TCC23001	10 Casting Systems 3" with No Boot
TCC23002	Casting System 3" Single Application
TCC23005	5 Casting System 3" with 1 Regular Boot
TCC23051	5 Casting System 3" with No Boot
TCC23214	10 Casting Systems 3" with 2 Large Boots
TCC24000	10 Casting Systems 4" with 2 Regular Boots
TCC24001	10 Casting Systems 4" with No Boot
TCC24002	Casting System 4" Single Application
TCC24005	5 Casting System 4" with 1 Regular Boot
TCC24014	10 Casting Systems 4" with 1 Large Boot
TCC24051	5 Casting System 4" with No Boot
TCC24214	10 Casting Systems 4" with 2 Large Boots
TCC25051	5 - 3" and 5 - 4" with No Boot

TCC-EZ® Boots

TCC21100	Regular Boot
TCC21114	Large Boot
TCC21124	Extra Large Boot
TCC21131	Transmet Boot

Charcot Boots

TCC21116	Large Charcot Boot
TCC21126	Extra Large Charcot Boot

MedE-Kast™ Casting Systems

TCC2MDKK	Case of 10 Casting Systems
TCC2MDKKS	Casting System – Single Application
TCC2ULTR	Ultra Case of 10 Casting Systems
TCC2ULTRS	Ultra Casting System – Single Application

TCC Additional Items

TCC2FCT03	3" Rolls of Fiberglass (10 rolls)
TCC2FCT04	4" Rolls of Fiberglass (10 rolls)
TCC2PFC045	4" x 5 yds Rolls of Plaster (12 rolls)

TCC Tools

TCC2SAW	Cast Removal Saw
TCC2SAWSSB	Saw Replacement Stainless Steel Blades (4 Blades)
TCC2VACFLT	Dust Vacuum Disposable Filter Cartridge
TCC2VAC	Cast Removal Dust Vacuum
TCC2SPRL	Cast Removal Spreader Large

Availability of these products might vary from a given country or region to another, as a result of specific local regulatory approval or clearance requirements for sale in such country or region.
 ■ Non contractual document. The manufacturer reserves the right, without prior notice, to modify the products in order to improve their quality.
 ■ Consult product labels and inserts for any indications, contraindications, hazards, warnings, precautions, and instructions for use.

References: 1. Margolis D, Malay DS, Hoffstad OJ, et al. Incidence of diabetic foot ulcer and lower extremity amputation among Medicare beneficiaries, 2006 to 2008. Data Points #2 (prepared by the University of Pennsylvania DEcIDE Center, under Contract No. HHS29020050041). Rockville, MD: Agency for Healthcare Research and Quality, January 2011. AHRQ Publication No. 10(11)-EHC009-1-EF. 2. Bloomgarden ZT. American Diabetes Association 60th Scientific Sessions, 2000. Diabetes Care 2001; 24(5):946-951.

For more information or to place an order, please contact:

USA 800-654-2873 ■ 888-980-7742 fax
 International +1 609-936-5400 ■ +1 609-750-4259 fax
integralife.com



IT'S TIME TO HEAL Diabetic Foot Ulcers!



85%

of lower leg amputations start out as a Foot Ulcer in people with diabetes¹

88%

Total Contact Casting has demonstrated closure rates of 88% of DFUs in 43 days²



To register your clinic please visit:
www.healyourulcer.com

Advanced Wound Care

1. Prep (Patient Preparation)

NOTE: See Size Chart

1. Apply foam dressing to ulcer area and secure with paper tape. If sterile dressing package appears compromised, **DO NOT USE.** (Fig. 1)



Fig. 1

2. Apply stockinette.

a. Pull stockinette over entire foot extending to knee. **Avoid disrupting the tape and dressing.**

b. Smoothly fold excess stockinette over dorsum of foot. Leave one to two fingers at the end of the toes so they will not be impinged.

c. Secure with plastic tape. Cut excess stockinette. (Fig. 2)



Fig. 2

3. Apply protective felt padding.

a. Align circular flaps over malleoli with shorter/narrower portion towards knee. (Fig. 3)



Fig. 3

b. Use plastic tape to secure circular pads to malleoli, then tape along tibia. **Do not tape around entire leg.**

c. Loosely wrap remaining protective felt padding to cover toes and plantar surface of foot. Leave a finger's width space beyond longest toe to **ensure toes are not impinged.** (Fig. 4)



Fig. 4

d. Secure in place with plastic tape at dorsum of foot, under arch, and behind heel. Cut any excess padding to allow for approximately 1-3" (2.5cm - 7.6cm) of padding beyond heel. (Fig. 5)



Fig. 5

4. Open clear plastic bag containing protective white sleeve and remove from bag.

a. Starting with a 2" (5cm) fold, roll sleeve into a doughnut shape. (Fig. 6)



Fig. 6

b. Place sleeve over toes and unroll sleeve extending toward knee leaving 2" (5cm) of stockinette exposed.

c. Pull sleeve to cover toes leaving approximately 2-4" (5cm-10cm) of excess beyond toes.



Fig. 7

d. **Ensure all existing protective layers are not being disrupted or binding the toes. Loosely fold excess sleeve over dorsum of foot and secure with plastic tape.**

e. Cut excess sleeve. (Fig. 7)

f. Cut excess felt padding at knee even with the white protective sleeve and fold the stockinette over the white protective sleeve.

2. Roll (Casting)

Use 70°F - 80°F (22-27°C) temperature tap water. Cooler water will negatively impact the activation process. Warmer water will cause the cast to harden faster, and if too warm will weaken the cast.

1. Just prior to casting, place patient in a prone position with leg flexed at knee. (Fig. 8)



Fig. 8

2. Apply cast sock.

a. Starting with a 2" (5cm) fold, roll cast sock into a doughnut shape, leaving approximately 2-3" (5cm-7.6cm) of unrolled sock. (Fig. 9)



Fig. 9

b. To ensure thorough saturation, completely immerse rolled cast sock into water for 5-10 seconds, counting slowly. Give two gentle squeezes under water.

c. Remove from water and squeeze gently and shake to remove excess water. Do not wring.



Fig. 10

d. Use one gentle stretch and position sock so unrolled end extends beyond toes by approximately 2-3" (5cm-7.6cm). (Fig. 10)

e. Gently unroll sock towards knee. (Fig. 11)



Fig. 11

f. Fold back excess cast sock to widest point of calf to shorten cast length. Fold the proximal edge of stockinette distally covering all loose edges.

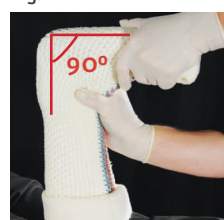


Fig. 12

g. Immediately place patient's foot in a 90° neutral position. (Fig. 12)

h. If necessary, slide fingers between patient's dorsum of foot and sock to smooth out wrinkles in any layers.



Fig. 13

i. Loosely fold excess sock over dorsum of foot. Smooth and contour fold at toes to attach to cast. Do not impinge toes. (Fig. 13)

j. Using wet gloves aggressively rub the cast, conforming to provide a customized fit to the leg, ankle area and Achilles tendon. Ensure all layers are smooth and the toes are not impinged. (Fig. 14)

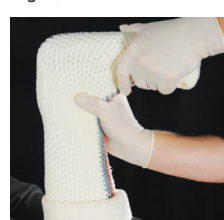


Fig. 14

3. Continue to smooth cast and maintain foot in a neutral position with ankle as close to a 90° angle as possible for 3 to 5 minutes until cast is firm enough that patient cannot overcome cast. Then allow patient to sit for remainder of drying time.

4. Allow cast to dry 15-20 minutes until toe area of cast is cool and hardened. Some flex in the cast is normal and to be expected.

3. Apply (Outer Boot)

1. After the cast sock has cooled and hardened apply the outer boot (15-20 minutes after casting)



Fig. 15

a. Place hardened cast between upright struts of walker boot.

b. Ensure struts align (are parallel to) with patient's tibia and fibula and place the heel at the rear of the boot. (Fig. 15)

c. Secure ankle strap, toe strap and then top straps to keep walker boot positioned properly relative to patient's leg during ambulation.

d. Adjust top straps so they are snug around the patient's leg. Instruct patient that these straps must be snug at all times.

e. Allow the patient to lightly weight bear.

2. Review these instructions with your patient:

a. **Avoid weight-bearing activity for 24 hours** after casting application. (Cast does not fully cure for 24 hours).

b. **Outer boot MUST always be worn** for ambulation. Ambulation without boot will cause instability, damage cast, and delay progress of healing. Charcot patients must wear outer boot at all times.

c. Ensure your patient has and understands the emergency removal instruction card and patient instructions.

■ **On patients where the foot is deformed or so large that it cannot fit within the upright struts of the boot, the device is contraindicated.**

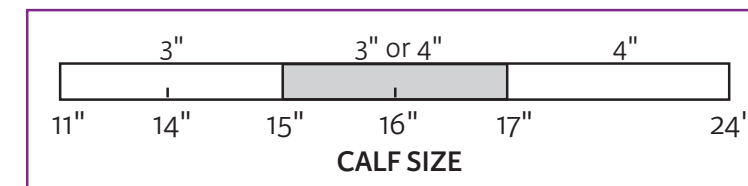
■ **Recommendation: Cover cast to protect the other foot and leg, especially while sleeping.**



Boot may be purchased separately

It's Time to Heal Your Diabetic Foot Ulcer!

Recommended Cast Sock Sizing



Boot Dimensions**

Measurements	Regular	Large†	Extra Large†
Length	11.40"	12.25"	13.75"
Width at Ankle	3.94"	4.11"	4.29"
Width at Toe	4.66"	4.76"	5.14"
Approximate Shoe Size			
Men's	6-10	10.5 - 13 wide	13.5 - 18 X-wide
Women's	5-11.5	11.5 + wide	11.5+ X-wide

* Patients who wear wide shoes may need to be evaluated for a Large or Extra Large Boot.

† Charcot Large and Extra Large boots designed for rocker bottom deformity are available.

Activity Level and Weight Guidelines

Activity	Active	Sedentary	Non-Ambulatory
Patient Weight**	<325 lbs	<400 lbs	400+ lbs

* Refer to the complete Instructions for Use.

** Refer to the Boot Instructions for Use.