

# Cutimed®

# Off-Loader Select

## Total Contact Cast System

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Instructions for Use

**BSN**medical

## Instructions for Use

| <b>Products Included in Cutimed® Off-Loader Select kit</b> | <b>Qty</b> |
|--|------------|
| Cutimed® Cavity Sterile                                    | 1 ea.      |
| Cutisorb® Cotton Gauze 2" x 2"                             | 4 ea.      |
| Delta-Lite® Conformable Fiberglass Cast Tape 4"            | 2 rls.     |
| Delta-Lite® Conformable Fiberglass Cast Tape 3"            | 3 rls.     |
| Specialist® 100 Padding 4"                                 | 2 rls.     |
| Delta Terry-Net™ C Stockinette                             | 1          |
| Delta Terry-Net™ Adhesive Felt                             | 3          |
| Adhesive Perforated Foam                                   | 1          |
| Instructions for use of Delta-Lite® Conformable            | 1          |
| Instructions on How to Make a Total Contact Cast           | 1          |

### Description

The Cutimed® Off-Loader Select kit contains components and instructions needed to make a total contact cast intended to aid in the treatment of diabetic foot wounds and other indicated conditions. Optional products can be added dependent on patient needs.

### Indications

The materials inside the Cutimed® Off-Loader Select kit are intended for the application of a total contact cast indicated to aid the treatment of non-infected diabetic and neuropathic foot wounds, Charcot foot or post-op immobilization following deformity reconstructions. The total contact cast will help to reduce the pressure on the wound (pressure off-loading) and should be used in conjunction with proper wound care.

### Contraindications and Precautions

The total contact cast should not be applied if the patient has: deep infection, deep abscess, osteomyelitis, gangrene, arterial insufficiency, exposed tendons, joints and / or bones. Relative contraindications: ataxic, blind, obese, fluctuating oedema (dialysis). Obtain patient acceptance of the total contact cast which is an important part of the treatment. Open wounds must be covered with an appropriate dressing before the cast is applied. Monitor for potential skin maceration due to closed cast environment.

### Application Instructions

This is the basic method for applying a total contact cast for the purpose of aiding the treatment of diabetic and neuropathic foot wounds as well as Charcot foot. The foot position and molding of the cast must be uniquely applied to the patient according to the location and / or nature of the injury. Individual modifications may be made by trained, qualified clinicians to accommodate the unique anatomy and needs of the patient. Molding must be carefully applied in a way that does not cause undue rubbing or pressure. The usual position of application would be in neutral (plantar grade).

Always follow the instructions for use of each individual product included in this kit.

The patient should be positioned lying down on their back using a knee rest to elevate the leg.

1. After wound has been debrided and confirmed infection free apply Cutimed® Cavity dressing to ulcer area. Secure in place using paper tape or gauze (not included). Use 2" x 2" gauze folded in half, between the toes to reduce maceration.



2. Apply 3" Delta Terry-Net™ C Stockinette from the popliteal space to 3" to 4" distal to the toes. Fold excess stockinette over toes to mid foot.



3. Apply Delta Terry-Net™ adhesive felt from the tibial tubercle, to the dorsal arch of the foot. Apply 3" circular Pads of Delta Terry-Net™ adhesive felt to cover medial and lateral malleolus.



- 4.\* Apply the adhesive perforated foam starting at the dorsal metatarsal heads, fold foam over toes to the plantar surface of the foot. Allow a space of about 1/2" between the toes and the adhesive foam creating a toe box.



- 5.\* Trim the adhesive foam padding following the natural curves of the foot, leaving 3/4" of excess foam near toes.



- \*4a / 5a. Option: Eliminate Steps 4 and 5, and substitute foam for Specialist® 100 padding. Fanfold three layers of cast padding over the forefoot, toes, and underneath foot.



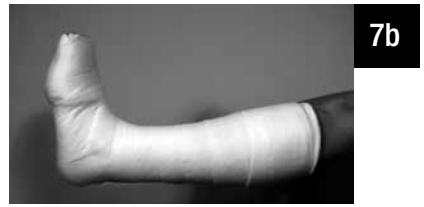
6. Apply the rolls of 4" Specialist® cast padding, begin rolling padding from distal to proximal overlapping by 50%. Use additional layers of padding over the heel and Achilles areas if needed.



**7a.** Apply padding, proceeding up the leg, overlapping by 50%.



**7b.** Continue padding, stopping 1" distal to the stockinette.



**8.** Apply 1 roll of 3" Delta-Lite® Conformable casting tape. Starting on the medial or lateral side of foot wrap cast tape twice around foot covering toes and Achilles.



**9.** Continue wrapping cast across the dorsum of foot closing the toes. Proceed proximally to 4" above malleoli.



**10.** Apply 1 roll of 4" Delta-Lite® Conformable casting tape. Start wrapping distal to metatarsal heads and proceed up the foot covering all areas of the foot, ankle, and heel. Continue cast tape up the leg, stopping 1" below the stockinette.



**11.** Using flat surface board (1" x 6" x 12") to create total contact, press board on plantar surface of foot ensuring that the board is in complete contact with the heel and metatarsal heads.



**12.** Roll or fold stockinet down at proximal end of cast.



13. Apply 1 roll of 4" Delta-Lite® Conformable casting tape. Start wrapping distal to metatarsal heads and proceed up the foot covering all areas of the foot, ankle, heel and leg, stopping 1" distal to proximal end of cast.



14. Using flat surface board (1" x 6" x 12") to create total contact, press board on plantar surface of foot ensuring that the board is in complete contact with the heel and metatarsal heads.



15. While maintaining contact with the board, have patient stand on board with knees flexed between 5 and 10 degrees, back straight, and not leaning forward. (20-30 second).



16. Apply 1 roll 4" Delta-Lite® Conformable casting tape beginning at the distal end of cast if you notice that the plantar surface is not rigid.



17. Place patient in well fitted cast shoe that supports the entire plantar surface of the cast.



### Instructions for TCC Cast Removal

1. Upon removal of cast, be careful to avoid any boney area. Removal is achieved by cutting on the medial and lateral sides of malleolus, and slightly beneath the toes.
2. To ensure easy removal your lateral cut should be anterior to malleolus and your medial cut should be posterior to the malleolus.



3. Once cast has been cut, use a cast spreader to separate anterior portion from posterior of cast.



4. Cut stockinette at the proximal end of cast to completely separate cast.



5. Remove anterior shell, by gently lifting up at proximal end of cast on anterior shell. Remove remaining stockinette and padding with blunt end scissors.



### **Frequency of cast change / When the patient should be seen again**

This is up to the physician; however, it is generally 2-3 days after the first cast and then weekly subsequently. For patients at risk of maceration (i.e. high perspiration rate, high humidity environment, etc.) more frequent cast changes may be required.

### **Patient Instructions**

1. Caution patients against activities too vigorous for their injury or for the integrity of the cast. Walk as little as possible.
2. Elevate the leg above heart level if the cast feels tight.
3. Keep it dry! If the cast gets wet, the patient must come back to the medical facility to have it changed.
4. Avoid getting dirt, sand, or other foreign objects under the cast, as they may cause skin irritation.
5. Do not insert foreign objects under the cast.

### **Storage**

Store in cool, dry atmosphere with a nominal temperature of 68°F - 20°C for best performance; prolonged storage at higher temperature will reduce shelf life, as evidenced by increased tackiness of the cast tape during application. Temporary excursions (for example: during transportation) in temperatures between 59°F and 77°F - 15°C and 25°C will not normally have a measurable adverse effect on the performance of the product or shelf life as long as long term storage is maintained at room temperature (68°F - 20°C) and product temperature has stabilized near this range prior to use. Prior to opening, gently squeeze; product should compress with finger pressure. Do not use hardened product. Expiration date is listed on the label of every package stating year-month. **FOR BEST RESULTS IT IS RECOMMENDED THAT STOCK BE ROTATED VERTICALLY EVERY 3 TO 6 MONTHS DURING PROLONGED STORAGE.**

For further information on product application, disposal, flammability or others, please refer to each individual product instructions for use leaflet included in the kit.

Cutimed® Cavity, Cutisorb® Cotton Gauze, Delta-Lite® Conformable, Specialist® 100, Delta Terry-Net™ and Delta Terry-Net™ C are registered trademarks of BSN medical.




**Kit packed in Mexico**

**Specialist® 100 Made in Thailand**  
**Cutimed® Cavity Made in England**  
**Cutisorb® Cotton Gauze Made in China**  
**Delta Terry-Net™ C Made in USA**  
**Delta Terry-Net™ Adhesive Felt Made in USA**  
**Adhesive Foam Made in USA**



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