

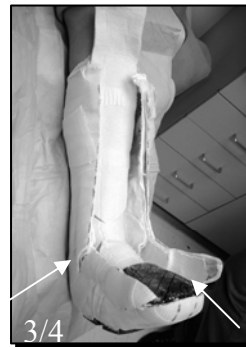
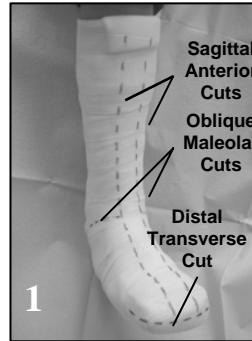
MED E-KAST™

REMOVAL INSTRUCTIONS

Because there is no posterior or lateral padding in the MedE-Kast™, utilizing a cast saw to remove the cast without cutting, abrading or burning the patient requires significant caution and great care.

The procedure to remove a MedE-Kast™ is as follows:

1. Note the lines in Figure 1 to indicate approximate location of cuts to remove the cast.
2. Make two parallel cuts down the anterior crest of tibia approximately 1 inch apart on the padded area.
3. Cut medially and laterally over the padded area to the malleoli.
4. Cut distally across toes medial to lateral.
5. Open the cast with small spreaders.
6. Remove the padding along the tibia and dorsum of foot.
7. Cut stockinette from top to bottom using blunt scissors.
8. Remove the foot/leg from cast.



Use of the MEDE-KAST™ system will result in decreased edema in the leg and unwanted movement of the foot and leg within the cast. After initial application, the patient must be examined in two to three days for decreases in leg volume that could allow the leg to “piston” (slide). Pistoning requires immediate recasting. A MedE-Kast™ that consistently pistons requires weekly recasting. A MedE-Kast™ that does not piston must still be changed at least every two weeks as the leg atrophies. Patients with large wounds may necessitate recasting twice per week. Patients must be vigilant for changes described in the Patient Instructions sheet, which may require an immediate cast removal or change.