Remove (Cast)

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.
4. Use bandage scissors to cut protective white sleeve from knee to toes.
5. Pull protective felt padding away from tibia and dorsum of foot.
6. Use bandage scissors to cut stockinette.
7. Remove foot/leg by grasping cast edges, spreading, and pulling off like a boot.
8. Dispose of properly.

Order Code | Description (All units and cases sold individually unless stated otherwise)
--- | ---
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
TCC23011 | 10 Casting Systems 3" with 2 Large Boots
TCC23003 | 10 Casting Systems 4" with 2 Regular Boots
TCC23004 | 10 Casting Systems 4" with No Boot
TCC23006 | Casting System 4" Single Application
TCC23007 | 5 Casting System 4" with 1 Regular Boot
TCC23008 | 10 Casting Systems 4" with 1 Large Boot
TCC23009 | 10 Casting Systems 4" with 2 Large Boots
TCC23010 | 5 Casting System 4" with No Boot
TCC23012 | 10 Casting Systems 4" with 2 Large Boots
TCC23013 | 10 Casting Systems 4" with 2 Large Boots
TCC23015 | 5 - 3" and 5 - 4" with No 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)
TCC2FPCS40 | 4" x 5 yds Rolls of Plaster (50 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


85% of lower leg amputations start out as a Foot Ulcer in people with diabetes

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

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

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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 sales in each country or region.

Consult product labels and inserts for any indications, contraindications, hazards, warnings, precautions, and instructions for use.
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)

2. Apply stockinette.
   a. Pull stockinette over entire foot extending to toes. 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)

3. Apply protective felt padding.
   a. Align circular flaps over malleoli with shorter/narrower portion towards knee. (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)
   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” (2.5 cm – 7.6 cm) of unrolled sock. (Fig. 5)
   e. Trim corners of heel for optimal cast contact.

4. Open clear plastic bag containing protective white sleeve and remove from bag.
   a. Starting with a 2” (5 cm) fold, roll sock into a doughnut shape, leaving approximately 2-3” (5 cm – 7.6 cm) of unrolled sock. (Fig. 6)
   b. To ensure thorough saturation, completely immerse rolled cast sock into water for 5-10 seconds, counting slowly. Gently squeeze excess water under water. (Fig. 7)
   c. Remove from water and squeeze gently and shake to remove excess water. Do not wring. (Fig. 8)
   d. Use one gentle stretch and position sock so unrolled end extends beyond toes by approximately 2” (5 cm – 7.6 cm). (Fig. 9)
   e. Gently unroll sock towards knee. (Fig. 10)
   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. 11)
   g. Immediately place patient’s foot in a 90º 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. 14)
   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. 14a)

3. Apply (Outer Boot)

1. After the cast has cooled and hardened apply the outer boot (15-20 minutes after casting)
   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.
   d. 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.
   e. Recommendation: Cover cast to protect the other foot and leg, especially while sleeping.

4. Activity Level and Weight Guidelines

<table>
<thead>
<tr>
<th>Activity</th>
<th>Active</th>
<th>Sedentary</th>
<th>Non-Ambulatory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Weight**</td>
<td>&lt;325 lbs</td>
<td>&lt;400 lbs</td>
<td>400+ lbs</td>
</tr>
</tbody>
</table>

* Refer to the complete Instructions for Use.
** Refer to the Boot Instructions for Use.

**Recommended Cast Sock Sizing**

<table>
<thead>
<tr>
<th>Size</th>
<th>3”</th>
<th>3” or 4”</th>
<th>4”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Length</td>
<td>11”.00”</td>
<td>12.25”</td>
<td>13.75”</td>
</tr>
<tr>
<td>Width at Ankle</td>
<td>3.94”</td>
<td>4.11”</td>
<td>4.29”</td>
</tr>
<tr>
<td>Width at Toe</td>
<td>4.66”</td>
<td>4.76”</td>
<td>5.14”</td>
</tr>
</tbody>
</table>

Approximate Shoe Size

<table>
<thead>
<tr>
<th>Men’s</th>
<th>6-10</th>
<th>10.5 – 13 wide</th>
<th>13.5 – 18 X-wide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women’s</td>
<td>5-11.5</td>
<td>11.5 + wide</td>
<td>11.5+ X-wide</td>
</tr>
</tbody>
</table>

*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.