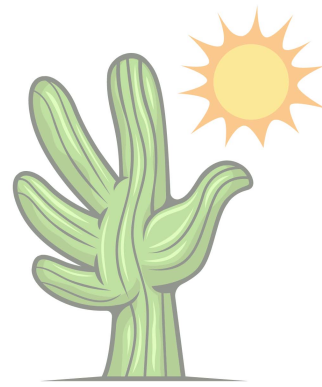


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FINGER TIP INJURIES



What is it?

- There is a wide spectrum of finger tip injuries:
 - o Crush (from motor, engine, truck hitch)
 - o Laceration (knife, machine)
 - o Nailbed injury (car door, athletics)
 - o Amputation or avulsion

Who gets it?

- Most common in young, male, laborers

What can you do about it?

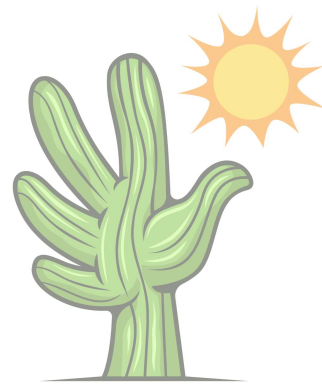
- No MRI/CT is needed – but X-Rays are required
- Some patients will NOT need surgery
 - o Small, clean lacerations that do not involve the nail
 - o Bruises under the nail with no other injury
 - o Some wounds will heal over time with daily vasoline dressing changes (see below)
- Some patients will need surgery
 - o Adult injuries with exposed bone (pediatric finger tip injuries with exposed bone do not necessarily need surgery)
 - o Wounds with large areas of soft tissue loss or nail bed lacerations



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Surgery – the main options include:

- Amputation
 - o The bone is shortened only enough to close the wound.
 - o This is the best option for early return to work and a sturdy and robust finger
- Repair
 - o The skin is repaired with suture
 - o The nail is removed and cleaned
 - o The nail bed is also repaired with dissolvable sutures
 - o The nail is replaced under the skin fold to help make sure the new nail grows back correctly
- Skin graft
 - o The skin can be taken from your hand and applied to the wound
 - o A skin graft substitute “off the shelf” can also be used – which saves a scar from the harvest site
- Skin flap
 - o Cross finger flap: Injured finger is sewed to its healthy neighbor, then divided after 3 weeks. The fingertip wound is therefore covered with healthy skin from the next-door finger.
 - o Groin flap: Injured finger is sewed to thick healthy skin near the groin, then divided after 3 weeks.

Post-operative course

- Pain pills may be needed for the first 1-2 nights – but most people will be fine with just Tylenol
- Brown dissolvable sutures do not need to be removed – they will fall out on their own when the skin heals
- The first post-operative visit is at 2 weeks and the second is at 6 weeks post-operatively
 - o At your first post-operative visit, your dressing will be removed and you may start performing daily dressing changes:
 - Shower in the morning. Remove your dressing. Do not scrub the wound but allow the soap and water to run over the finger
 - Dry the finger gently when you get out. Apply a thin film of vasoline and cover the finger with 2 bandaids.
 - Repeat daily for the next 2-4 weeks
- You can text, type, and do light duties with the hand before the sutures are removed while the dressing is in place
- Therapy may be needed to improve range of motion, but it is not required

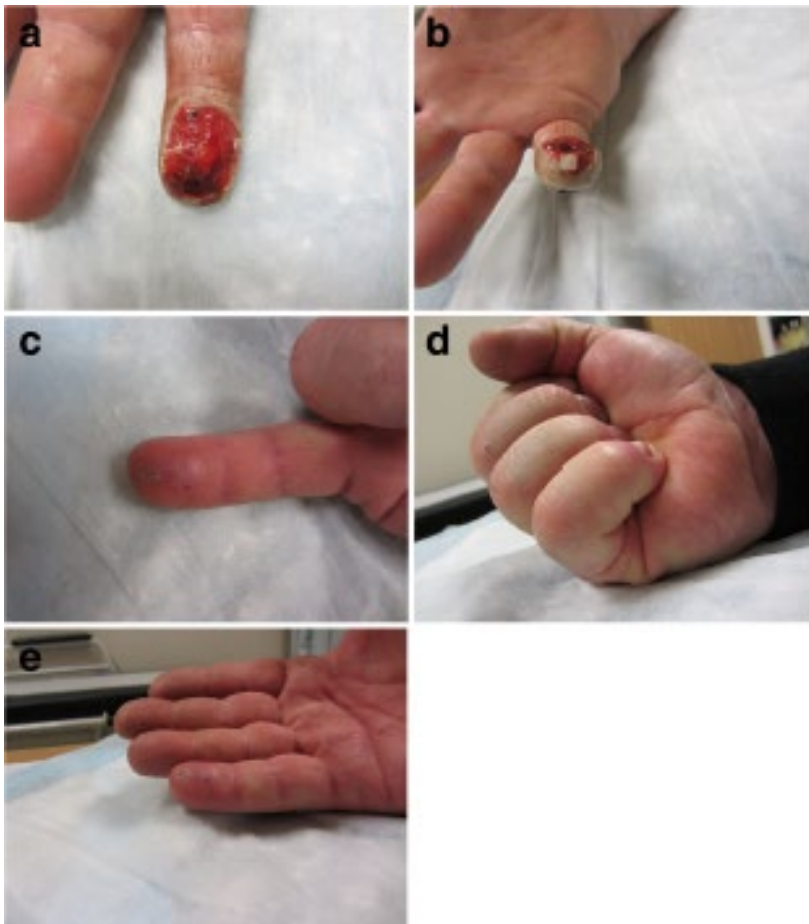
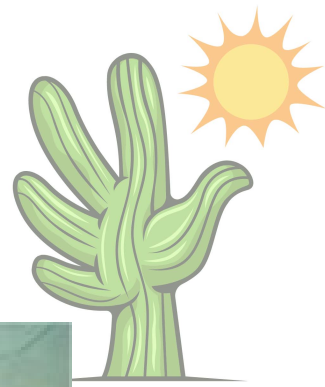
Outcomes

- Some patients will return to work the next day – but the average return to heavy labor is 5-6 weeks.
- Sensation and motion will return to near normal
- The wound may look “ugly” at 2 weeks – but will look “normal” at 6 weeks

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Complications

- Sometimes the finger tip can be “hyper-sensitive” for 12-18 months
- Patients with certain medical conditions may suffer wound breakdown or infection

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- Sometimes the extensor tendon is injured and there may be a mild flexion deformity at the fingertip

