John Dunn, MD

Double Board-Certified Hand, Wrist, and Nerve Surgeon

JohnDunnMD.com

FINGER TIP INJURIES

What is it?

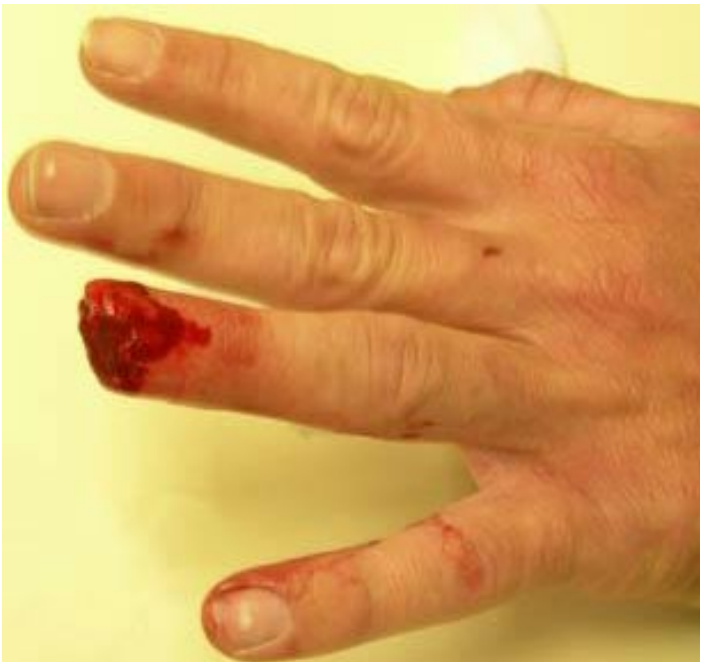
- There is a wide spectrum of finger tip injuries:
  - Crush (from motor, engine, truck hitch)
  - Laceration (knife, machine)
  - Nailbed injury (car door, athletics)
  - Amputation or avulsion.

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.
  - Small, clean lacerations that do not involve the nail.
  - Bruises under the nail with no other injury.
  - Some wounds will heal over time with daily vasoline dressing changes (see below)
- Some patients will need surgery.
  - Adult injuries with exposed bone (pediatric finger tip injuries with exposed bone do not necessarily need surgery)
  - Wounds with large areas of soft tissue loss or nail bed lacerations.



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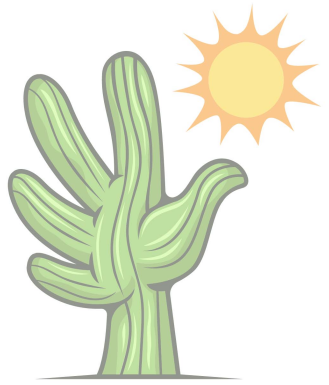

Surgery – the main options include:

- Amputation
  - The bone is shortened only enough to close the wound.
  - This is the best option for early return to work and a sturdy and robust finger.
- Repair
  - The skin is repaired with suture.
  - The nail is removed and cleaned.
  - The nail bed is also repaired with dissolvable sutures.
  - The nail is replaced under the skin fold to help make sure the new nail grows back correctly.
- Skin graft
  - The skin can be taken from your hand and applied to the wound.
  - A skin graft substitute "off the shelf" can also be used – which saves a scar from the harvest site.
- Skin flap
  - 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.
  - 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.
  - 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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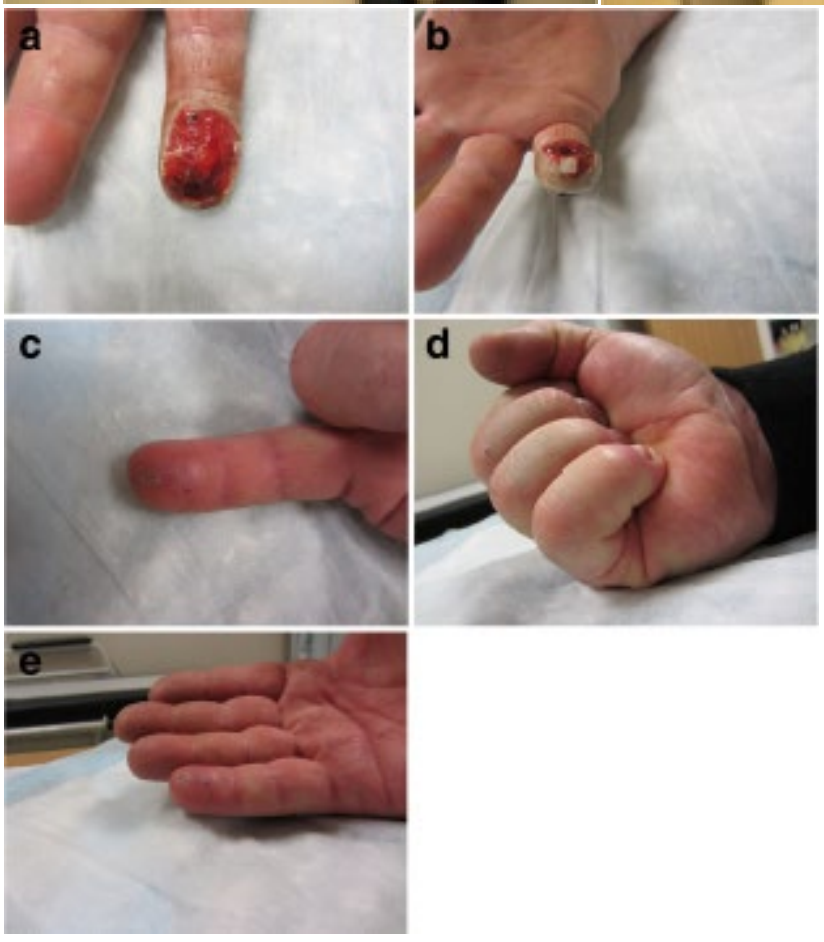

Complications

- Sometimes the finger tip can be “hyper-sensitive” for 12-18 months.
- Patients with certain medical conditions may suffer wound breakdown or infection.
- Sometimes the extensor tendon is injured and there may be a mild flexion deformity at the fingertip.

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