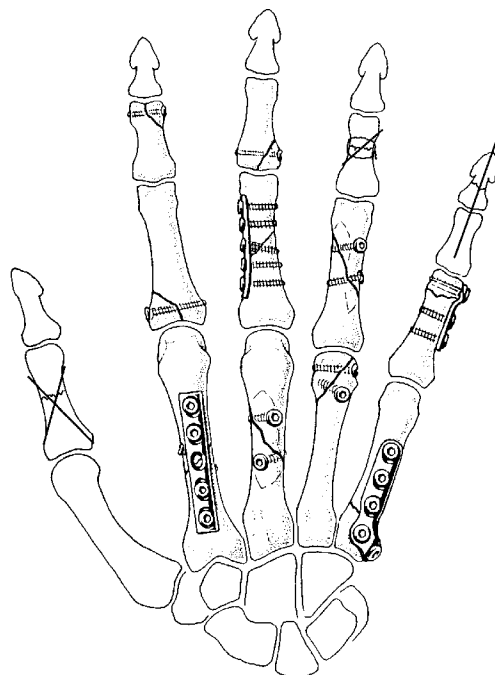


FINGER FRACTURE

Finger fractures can be fixed in a wide variety of ways depending on the precise pattern of fracture and associated injuries to skin, nerve and tendons. The principles of treatment are similar, whatever method is used. We try to achieve enough stability at the site of fracture to allow you to move the injured area immediately. This is crucial to prevent stiffness.

- **Wires** These may either be entirely under the skin or a portion left outside. Internal wires are usually left inside permanently but occasionally they need to be removed later by a small operation if they become a nuisance. External wires are removed by the doctor about 4-6 weeks after the operation when the bones have begun to join. Patients are always anxious about this but removal of a wire is simple and virtually painless.
- **Plates/screws** These are generally left inside permanently
- **External fixation** These techniques are used when fractures are comminuted (multiple fragments) such that stability cannot be achieved by other methods.



Soon after the operation, the dressing will be removed and you will be provided with your splint. The fixed fracture will be kept protected from knocks and stresses by a splint until X-Rays show that the bone-ends are joining together. This usually takes about 6 weeks. The fusion will not be really "solid" and ready for heavy jobs until 12 weeks.

It is important to move the rest of your hand joints through their full range (including the others on the same finger) to prevent stiffness. So, remove your splint at least every 2 hours to allow finger movement. Movement ("active motion") alone will do no harm to the fixation but until it has healed the operated finger(s) must not be **forcibly bent** ("passive motion") or **strained** by heavy picking up, pushing, pulling, gripping etc.

There obviously will be some swelling and bruising. Look out for any redness or tenderness in the area around the wound that might indicate an infection. Do not apply antiseptic but please contact my secretary if you have any worries. It is quite safe to leave the wound open. At this stage it is safe to get the hand wet in a bath or shower. The wound and the surrounding skin often become very dry and will be more comfortable if a moisturizer is applied. An easy way of doing this is to briefly immerse your hand in some warm water to which some Johnson's baby oil has been added. Alternatively, apply an unscented moisturizing cream such as Diprobase to the skin. Your stitches will be removed about 2 weeks after the operation. The area will be swollen and tender for many weeks after the operation. This can be helped by massaging the area firmly with the moisturizing cream.

Timing of your return to work is variable according to your precise injury, progress, occupation and you should discuss this.

Infection This is indicated by the appearance of redness around the wound or the exposed wires. This must be reported to a doctor quickly and will be treated with antibiotics. If it does not settle, it may be necessary to remove the fixation.

Non-union The bones can fail to join for many reasons such as too much movement or infection. It may be necessary to redo the operation if this occurs.

Mal-union The bones can fail to join at the best angle if the fusion is damaged or becomes infected. It may be necessary to redo the operation if this occurs.