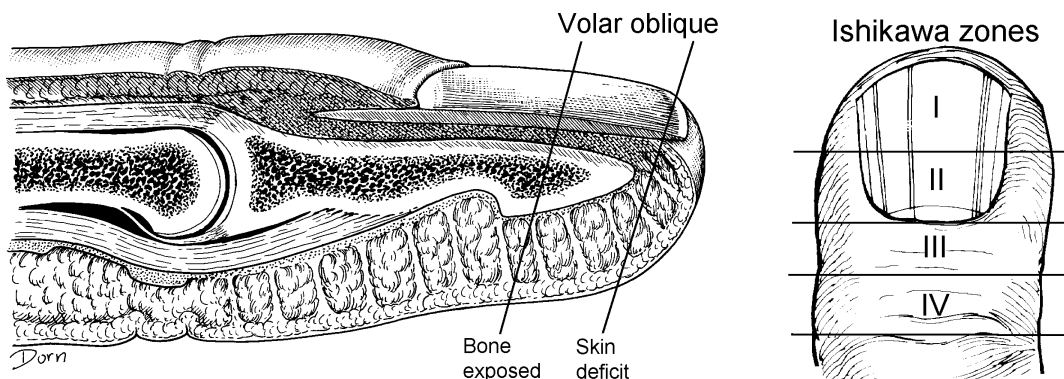


# FINGER INJURY

## FINGER-TIP INJURY

Types No bone exposed

Bone exposed DO  
Tr  
VO



Assessment	<b>History</b>	Timing
	<b>Examination</b>	Mechanism Is bone exposed? Contusion? Contamination? Viable skin?
	<b>X-Ray</b>	Level of injury Extent of bone injury
Sequelae	Deformity Tenderness Cold intolerance Hypoaesthesia Stiffness	
Options	Conservative Primary closure Skin graft Homodigital flap Local flap Distant flap	
Decisions	<b>Patient</b>	Age Motivation Occupation Sex Other injuries General health
	<b>Hand</b>	Which finger? Injury pattern Associated injuries
	<b>Surgical</b>	Experience Environment

## FINGER INJURY

Choices	Length Function	vs.	Complexity Morbidity
Management	<b>No bone exposed</b>		Conservative management (<1cm <sup>2</sup> ?) Skin graft (>1cm <sup>2</sup> ?)
	<b>Bone exposed</b>	VO	Flap cover
		Tr	Bone shortening + conservative Bone shortening + simple closure Local advancement flaps
		DO	Local advancement flaps
General	Good surgical environment Regional anaesthesia Tourniquet Fine instruments and sutures Magnification		
Surgery	Debridement Lavage Loose wound closure Non-adherent dressing		
Post-op	Elevation Antibiotics Analgesia Tetanus prophylaxis Review		
Skin graft	Split thickness Full thickness Composite		
Flaps	<b>Homodigital</b>		Mid-lateral V-Y (Kutler) Volar V-Y (Atasoy) Volar advancement (Moberg) Island Neurovascular island Flag
	<b>Local flaps</b>		Cross-finger Flag Thenar Fouchet Neurovascular island
	<b>Distant</b>		Cross-arm flap Groin flap Free toe pulp

# FINGER INJURY

## NAIL-BED INJURY

General	"Trivial" Universally badly managed Frequent poor outcome Revision common	
Sequelae	Ridging Split nail Non-adherence Absent nail Nail spikes Chronic sepsis	
Subungual h'toma	Closed injury <25% of nail-area >25% of nail area	Decompress Explore
Lacerations	Remove nail (Reduce fracture) Meticulous repair Splint	
Avulsions	Replace as free graft Split nail-bed graft	

## REPLANTATION

Assessment	<b>History</b>	Timing Mechanism
	<b>Examination</b>	Contusion? Contamination? Avulsion? Multi-level injury?
	<b>X-Ray</b>	Level of injury Extent of bone injury
Selection	<b>Patient</b>	Age Motivation Occupation Sex Other injuries General health
	<b>Part</b>	Ischaemic time Mechanism of injury Level

Factors	<b>Favourable</b>		<b>Unfavourable</b>
	Guillotine	Laceration	Crush
			Avulsion

## FINGER INJURY

Ischaemic time	<b>Warm</b>	Proximal	6
		Distal	12
	<b>Cold</b>	Proximal	12
		Distal	24
Prognosis	<b>Favourable</b>		<b>Unfavourable</b>
	Thumb Zone I Multiple digits Bilateral involvement Hemihand Hand	Avulsion	Single finger Zone II Crush Major limb
	Paediatric		Geriatric
Transfer	<b>Patient</b>	Vital signs Haemostasis Saline dressing to hand Hand elevation Analgesia Tetanus prophylaxis Antibiotic Information	
	<b>Part Information</b>	Appropriate storage Notes Radiographs	
Information	Complex surgery 4 hours/replant May not be offered Failure rate Extra scars Long admission Variable results Secondary surgery		
Amputated part	Moist not wet Cool not cold		
Referral faults	Inaccurate assessment Over-hasty transfer Unnecessary transfer Poor patient information Inappropriate storage of part		