

LITTLE HANDS

GANGA
MEDICAL CENTRE & HOSPITALS PVT LTD



An Initiative of Plastic & Hand Surgery Department

Monthly Bulletin | Issue 18 | January 2026



2025 in Review

**Dedicated to Increasing Awareness, Understanding, and
Early Action in Congenital Hand Conditions**

LITTLE HANDS



GANGA LITTLE HANDS is an educational initiative by the Department of Plastic, Hand and Reconstructive Microsurgery and Burns of Ganga Hospital, Coimbatore, to share knowledge about Paediatric hand conditions. This is a monthly bulletin and was first started in August 2024.

It has a compilation of various hand conditions treated by us. Little Hands is for anyone and everyone. It is not for surgeons only. The technical tips, 'Did you know?', Picture Gallery, Hand vignettes, Real Life Stories and the 'Clinician's corner' might be interesting to all the readers.

Scan Me



**To read all the issues of
Little Hands**

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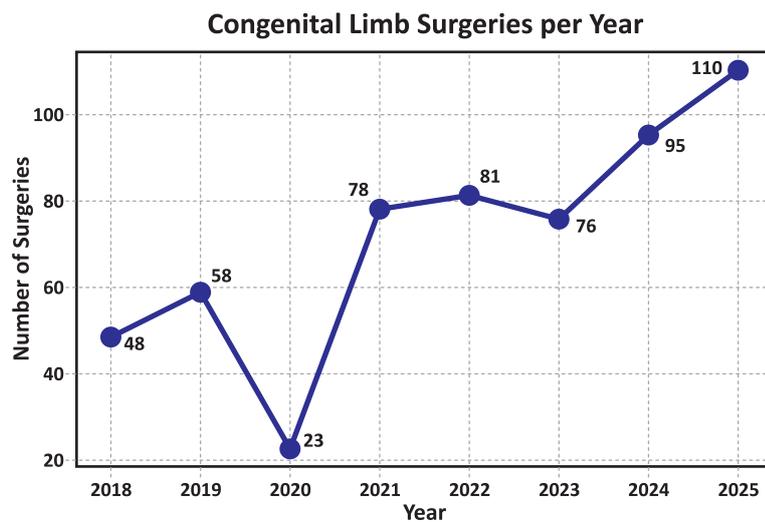
Editorial

2025 - The year that was, 2026 the year to be

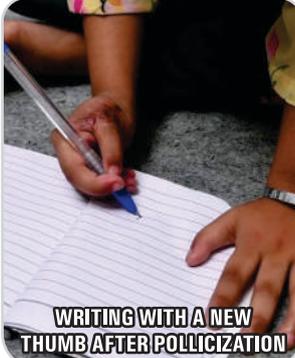
The New Year is all about fresh starts, big dreams, and the joy of running a fresh innings. It is a perfect time to reflect on 2025, the year that was. The Ganga Little Hands team is happy that we could serve more children and make more families happy. We had more new patients, and as a new development more adults came for consultation and surgery for their birth defects.

2025 was a year of growth, learning and achievement. We did 110 surgeries for congenital hands, the first time crossing the century mark. At the Asian Pacific Hand Congress (APFSSH 2025), our presentation on *'Free Foot-to-Hand Transfer for Split Hand/Foot Malformation - A story where Innovation meets Inspiration'* won the Best case challenge prize in the Non-trauma surgery category. We have now streamlined the process of care for these children so that the families feel more comfortable and secure. We understand that no parent ever expected their child may need our assistance and so we do all that we can to make the unexpected crisis to a happy experience.

KEY METRICS OF 2025



GROWTH OVER TIME

<p>16%</p> <p>ANNUAL GROWTH IN CONGENITAL LIMB SURGERIES</p>	<p>90%</p> <p>GROWTH IN CONGENITAL LIMB SURGERIES (2019 - 2025)</p>	 <p>WRITING WITH A NEW THUMB AFTER POLLICIZATION</p>
<p>68%</p> <p>ANNUAL GROWTH IN NEW PATIENTS</p>	<p>133%</p> <p>ANNUAL INCREASE IN POLLICIZATION SURGERY</p>	

2025 BY THE NUMBERS

COMPLEX CONGENITAL HAND SURGERIES

2025
HIGHLIGHTS

110 ↗
SURGERIES

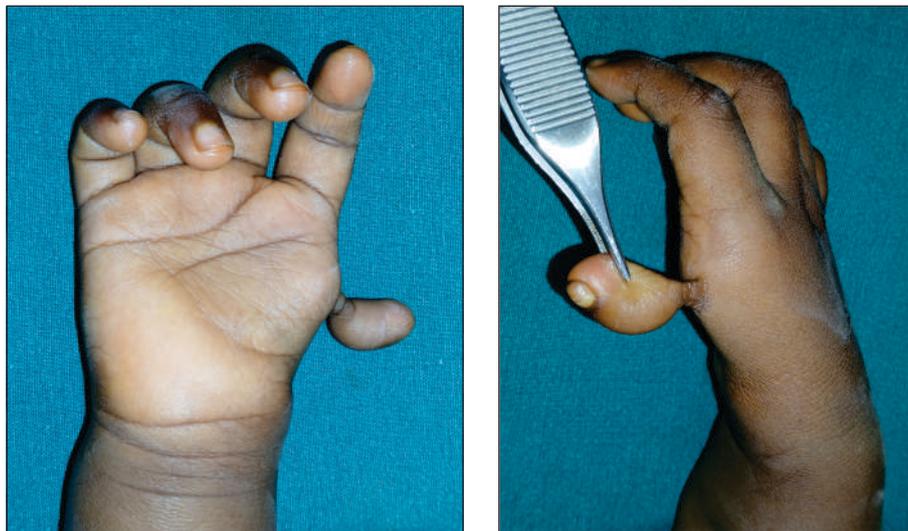


THUMB RECONSTRUCTION

COMPLEX SURGERIES
POLLICIZATION - 7
THUMB HYPOPLASIA - RECONSTRUCTION - 8
SURGERY FOR RADIAL DYSPLASIA - 2
TOE PHALANX TRANSFER - 3
ON TOP PLASTY - 1

THE GROWTH IN
COMPLEX
SURGERY
REFLECTS
THE DEPTH OF
EXPERTISE

POLLICIZATIONS - 7

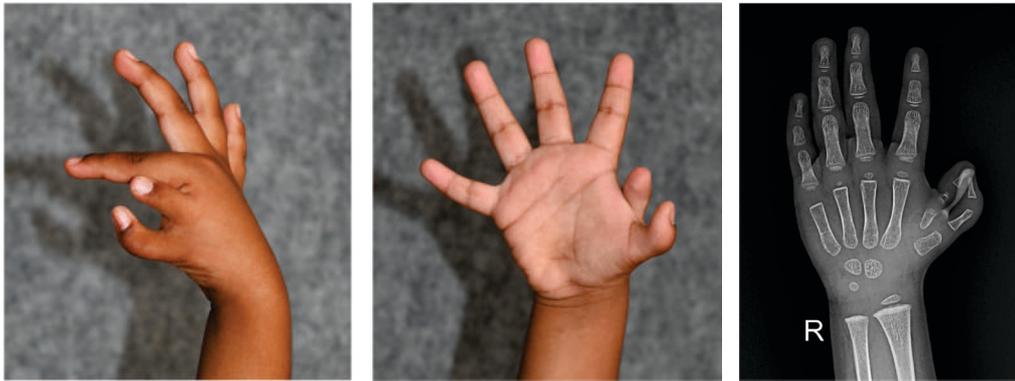


One of the seven pollicizations performed last year



The new thumb being put to use

A CASE OF 'ON-TOP' PLASTY FOR DUPLICATED THUMB



Duplicated thumb - Hypoplastic type



Excellent outcomes after 'On-top' plasty

'On-top' plasty is a reconstructive technique in which the hypoplastic distal segment of the radial thumb component is excised, and the better-developed distal portion of the ulnar component is transposed onto the proximal radial component to create a single, stable, and well-aligned thumb

ADULTS WITH CONGENITAL ANOMALIES

NEW TREND

ADULTS WITH CONGENITAL DEFECTS OPERATED - 6 (5.5% OF SURGERIES)

ABLE TO WEAR CLOSED SHOES AT A NEW WORKPLACE





THIS TREND REFLECTS

- INCREASED AWARENESS ABOUT THE DEPARTMENT IN THE GENERAL POPULATION
- INCREASED ACCEPTANCE OF SURGERIES IN ADULTHOOD FOR BIRTH DEFECTS

ACHIEVEMENTS

Best Case Challenge Prize - The Asian-Pacific Federation of Societies for Surgery of the Hand (APFSSH) 2025



*The boy was born with split hand/foot malformation.
The right hand had a radial digit and a floating hypoplastic ulnar digit*



The foot-to-hand transfer



The boy is independent with a sensate hand

The presentation on this child's clinical details and surgery won the Best Case Challenge Prize.

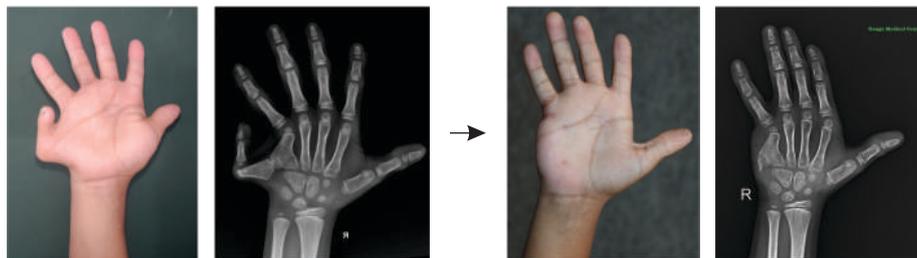
Best Case Report Prize 2025 - Indian Journal of Plastic Surgery (IJPS)

Our Case report on Ellis-van Creveld Syndrome won the Best IJPS Publication 2025 - Case Report at Annual Conference of the Association of Plastic Surgeons of India (APSICon) 2025.

Mohan M, Sabapathy SR. A Case Report on Ellis-van Creveld Syndrome: Clinical, Embryological, Anaesthetic, and Surgical Implications. Indian J Plast Surg. 2024;57(Suppl 1):S106-S110



The two children with Ellis van Creveld Syndrome



The preoperative and postoperative clinical images and radiographs of the first child

So, what are our plans for 2026? Our goal is that no child with a congenital hand difference should be denied the advances in surgical care either due to lack of awareness or affordability. As a noted writer said, **'What the new year brings to you will depend a great deal on what you bring to the New Year'**. We will bring in our enthusiasm, harness our collective talents, and keep an open mind to improve ourselves.

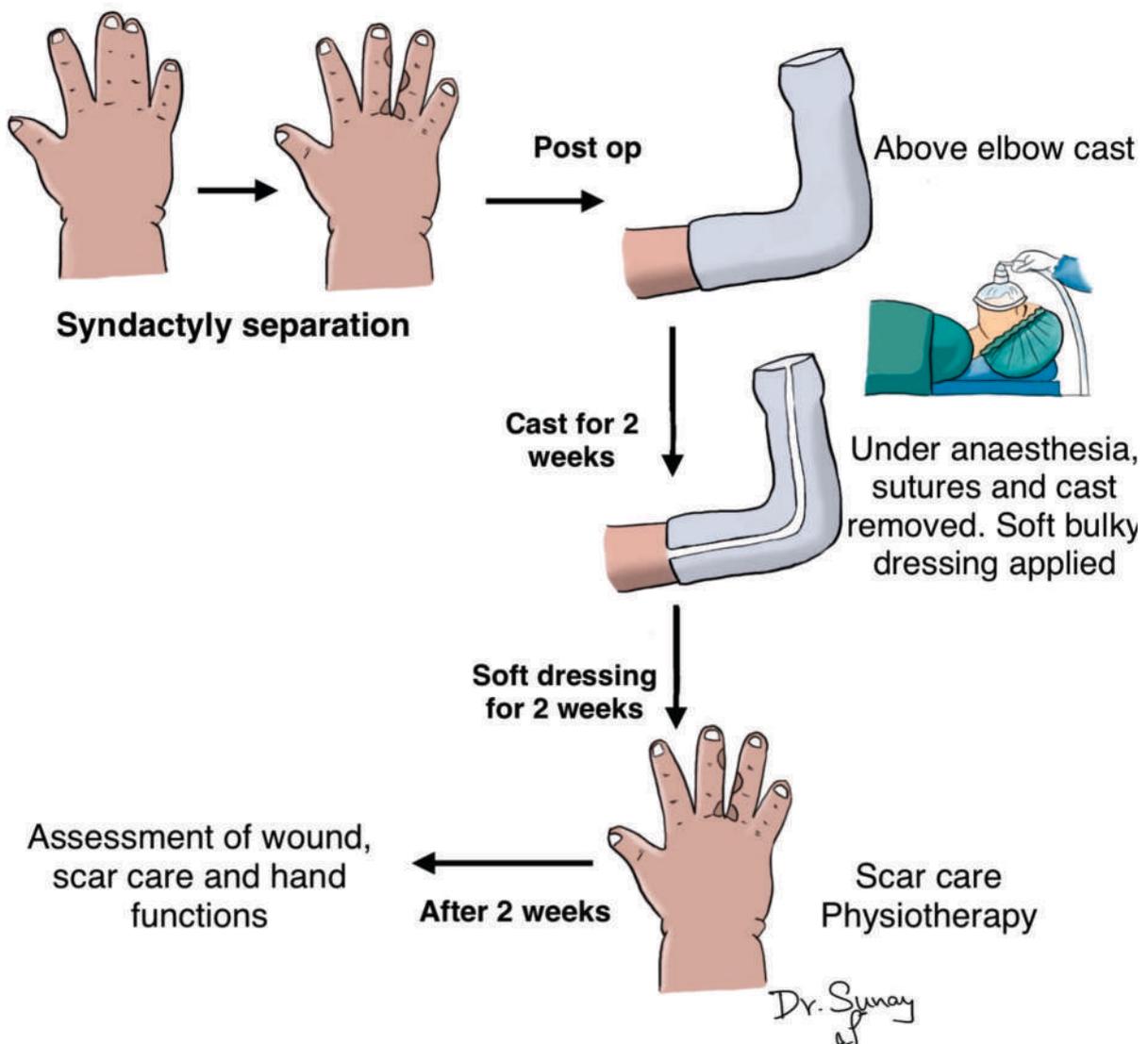
Cheers to the New Year and another chance to make a difference in the lives of people.

Dr S Raja Sabapathy
Dr Monusha Mohan
 (Editors)

Clinician's Corner

Beyond Syndactyly Release

Syndactyly is one of the commonest congenital hand conditions encountered in our practice. Often parents believe that the treatment ends with surgery and the child just needs one dressing change. So, during preoperative counseling, we highlight the importance of postoperative visits and scar care. The first dressing change is performed at 2 weeks from surgery, under anesthesia. This helps us to cut and remove the above elbow cast, inspect the grafts and remove the sutures. We utilize this opportunity to make splints after surgeries like pollicization and opponensplasty.



We clean the wounds and call the parents to the ante-room of our operating theatre where the procedure is done. We show them the separated digits and do a soft bulky dressing. This dressing is changed at 10-14 days. Once the grafts are dry, usually at the second visit, we start scar care with scar massage and webbing taping. The child is encouraged to use the hand.

Did you know?

Consanguinity and Congenital Hand Anomalies

Consanguinity (‘con’-together and ‘sanguis’-blood) refers to the degree of blood relation between two individuals. Degrees of consanguinity are determined based on the number of generations separating two people from their nearest common ancestor.

Most of the Congenital Hand conditions occur for the first time in the families to the surprise of the parents. They also exclaim that none in the family have got this and why this happens. While it is difficult to point out the reason in a particular individual, it must not cause alarm because for most conditions we have solutions to get a useful hand. Consanguinity does increase the risk for birth defects and the following are the degrees of consanguinity:

Degree of relationship	Relatives included	Generational distance from nearest common ancestor
First-degree relatives	<ul style="list-style-type: none"> Parents–children, siblings 	<ul style="list-style-type: none"> One generation separates them from their nearest common ancestor
Second-degree relatives	<ul style="list-style-type: none"> Grandparents–grandchildren, aunts, uncles, nephews, nieces 	<ul style="list-style-type: none"> Two generations separate them from their nearest common ancestor
Third-degree relatives	<ul style="list-style-type: none"> First cousins, great grandparents, great grandchildren 	<ul style="list-style-type: none"> Three generations separate them from their nearest common ancestor

Hand conditions commonly associated with a strong consanguinity:

- **Syndactyly**
- **Polydactyly**
- **Brachydactyly**
- **Cleft hand**

Consanguinity may increase the chance of hand anomalies but that does not mean that it will definitely cause deformities. Consanguinity is a risk modifier, not a diagnosis. Genetic counselling referral is recommended when syndromic features are present, multiple family members are affected or when the anomaly is complex.

Hand Vignettes

The Hands of a Tailor

In India, tailoring is a seasonal job with workload peaking around ‘muhurtham’ (auspicious days) based weddings and religious ceremonies. We recently had an auspicious month and we were visited by two tailors in the past week, two different people but with the same occupation and the same complaint—a trigger digit!



Tailoring involves usage of scissors a lot and this involves power grip and thumb abduction and flexion. Thumb-index finger pinching is required to pass a thread and to hold a needle. Finger flexion/extension movements are required for sewing and adjusting the fabric folds. Wrist deviation is common during sewing.

The cause for the trigger digit in our patients may be due to repetitive microtrauma to the flexor tendon-A1 pulley interface.

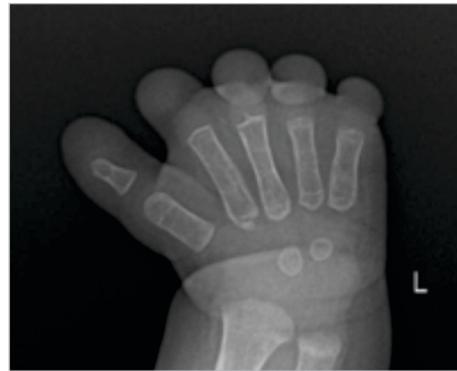
Real Life Story -‘Every Journey matters’

Holding Hope

Symbrachydactyly is a common congenital hand anomaly that features short digits with webbing.

Master. T, was brought to us by his parents with symbrachydactyly of the left hand. The hypoplastic fingers did not have any bony skeleton. We advised reconstruction of the index and middle fingers with bone grafts from the toe phalanges, so that the thumb and the two fingers meet.

Read the ‘Real life story’ as narrated by his mother.



Hypoplastic digits with no bony skeleton within

“Our baby was born with a congenital condition affecting the development of the fingers on the left hand. Fortunately, a relative referred us to Ganga Hospital in Coimbatore, where we received expert consultation. After evaluating the monodactyly issue, the consultant doctor recommended surgery. We chose to move forward with the procedure, which was successfully carried out. As a result, our baby can now hold and grip objects with the fingers. We would like to extend our heartfelt thanks to Dr. Raja Sabapathy and Dr. Monusha Mohan for their exceptional care and support.”



Non-vascularized toe phalangeal transfer to the index and middle fingers offered stability to the hand

SCIENTIFIC ARTICLE

Nonvascularized Free Toe Phalangeal Transfers in Congenital Hand Differences : Radiological, Functional, and Patient/Parent-Reported Outcomes

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*Our technique of non-vascularized toe phalangeal transfer is published in
Journal of Hand Surgery (American)*

Help us heal Little Hands | Make a donation

It is difficult to imagine what the parents experience when they find out in the labour room that their newborn baby has a congenital limb defect. The family often feels devastated as their hopes fade. Most of the limb anomalies have a surgical solution that is aimed at making the hand to function in a better way.

Globally, congenital anomalies or birth defects affect 2-3% of births. In India, 1-3 out of 100 babies born are with birth defects. Though musculoskeletal anomalies are the most common defects seen, rarely we find major initiatives aimed at managing these defects. A lot of regional and international proposals are directed at treating and supporting children with congenital heart diseases and orofacial defects like cleft lip/palate. Though isolated congenital limb defects are not life threatening like the cardiac and craniofacial anomalies, they are disabling and lower the quality of life.

You can make a tax-deductible donation today and transform the lives of these kids by giving back their childhood.

To make a donation, please write to rajahand@gmail.com

At Ganga, we have a specialized team of doctors to provide comprehensive care to these children. One of the basic surgical principles of congenital hand surgery is to correct the deformities before the child attains school going age. Often these defects are bilateral and involve multiple fingers, necessitating staged surgical procedures. We have highly experienced Paediatric anesthesia staff to support the surgical team. The associated anomalies are taken care of by our Pediatric orthopedic, spine, maxillofacial and cardiac teams. Ancillary services like physiotherapy, nutrition and speech therapy are also available.

Project Eklavya - A Joint Initiative of Rotary E Club of Metro Dynamix and Ganga Hospital



A Joint Initiative of



Rotary E Club of
Metro Dynamix



India is witnessing an epidemiological transition from communicable diseases to non-communicable diseases. According to March of Dimes report (2006), 6-7 per 100 new born babies have birth defects. When more focus is on new born survival, we fail to pay attention to the quality of life of these children born with defects. When a child with congenital hand deformities survives and grows up, it is not just their hand function that is affected, their self-esteem and emotional well-being are too deeply impacted.

A Project for children with Congenital Hand Deformities

Musculoskeletal defects are the second most common birth defects, however initiatives to help children with hand anomalies are rare. Project Eklavya was launched by the Rotary E club of Metrodynamix in collaboration with Ganga Hospital, Coimbatore, on 06.07.2025. With this initiative, we try to fill the gaps in care and support of these children like, paucity of insurance coverage for children with birth defects, multiple limb involvement, syndromic associations that increase the financial burden, multiple stages of surgeries and post surgical rehabilitation. We had our first beneficiary last month.



Project Eklavya provides free or sponsored surgeries for children with congenital hand deformities

For more details, log on to <https://eklavyachildren.com/>

The 13th World Symposium on Congenital Malformations of the Hand and Upper Limb

25th - 28th February, 2026 | Venue - Ganga Hospital, Coimbatore



13th World Symposium on Congenital Malformations of the Hand and Upper Limb

25th to 28th February 2026 | Ganga Hospital, Coimbatore, India.

LEGACY LECTURE



Dr Kerby Oberg
USA

“Developing a Limb: Genetics, Mechanics, and Cellular Intelligence”

SPECIAL LECTURE



Dr Terry R. Light
USA

“Pathologic Anatomy of the Anomalous Hand - Implications for growth and treatment”

KEYNOTE SPEAKERS & TITLES

 Dr Chris Coombs Australia	The importance of assessment and management of the 1st web in children with congenital hand differences	 Dr Keizo Fukumoto Japan	Surgical Techniques for Cleft hand
 Dr Charles Goldfarb USA	The value, power, and community benefits of congenital registries	 Dr Amit Gupta USA	Microsurgical reconstruction of hypoplastic thumb
 Dr Bhaskaranand Kumar India	Congenital anomalies of the thumb - My journey and lessons learnt	 Dr Wee Leon Lam Singapore	Congenital hand surgery in the older or adult patient
 Dr David B McCombe Australia	Development of our national CULD registry and the psychosocial and appearance outcomes of CULDs	 Dr Scott Oishi USA	Pollicization and beyond: The evolving landscape of congenital hand surgery
 Dr Woo Sang-hyun South Korea	Surgical Strategy of the Congenital Hand Difference Based on MRI and Sonography.	 Dr Gill Smith UK	Role of comprehensive care in children with syndromic hand differences
 Dr Ann Van Heest USA	Reflections on a Career in Paediatric Upper Extremity: Solutions and Ongoing Problems		

Stay Connected



To get updates about our services for children with hand disorders, to grab the future issues of the monthly bulletin and to know what the department of Plastic, Hand and Reconstructive Microsurgery and Burns offers scan the code.

To make Donations

Account Number : 1120115000010920
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IFSC Code : KVBL0001120
Swift Code : KVBLINBBIND



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