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*Family physicians can treat most finger fractures and dislocations, but when necessary, prompt referral to an orthopedic or hand surgeon is important to maximize future function. Examination includes radiography (oblique, anteroposterior, and true lateral views) and physical examination to detect fractures. Dislocation reduction is accomplished with careful traction. If successful, further treatment focuses on the concomitant soft tissue injury. Referral is needed for irreducible dislocations. An orthopedic or hand surgeon should treat finger injuries that are unstable or that have rotation. Stable joint injuries can be treated with splinting or casting, although an orthopedic or hand surgeon should treat unstable joints.*

**Introduction**

Our hands are the extension of our brains. All that mankind has achieved is due to the emancipation of the brain and the dexterity of the fingertips. Fingers are the most commonly injured parts of the body. 40% of all industrial injuries are to the hands. As per our statistics, 32% of hand injuries involve the fingers and the middle finger is the most commonly injured finger. No finger injury can be considered 'minor', since any problem in healing can cause great morbidity to the patient and affect their day to day life.



**Keywords**

Finger injury, replantation, tendon and nerve injury

**What is the first aid for a finger injury?**

Finger injuries are painful and often bleed a lot, causing concern to the patient. The best way to stop the bleeding is to apply a compression bandage and keep the hand elevated above the level of the heart. Elevation of the hand is very important. It also reduces the pain. The compression dressing must be in place for at least 5 minutes to give adequate time for natural coagulative mechanisms to act. To stop bleeding in a finger injury, NEVER put a tight bandage at the base of the finger. That is painful, most often inefficient and if release of that tourniquet is missed, could be disastrous.

**Can amputated fingers be rejoined?**

Yes, with microsurgery it is possible to join amputated fingers. (Fig. 1)



Fig. 1 : Total amputation of the thumb, rejoined by microsurgery.

The amputated parts must be properly preserved to transport to the replantation centre (Fig. 2).

The proximal part is given a compression dressing. Replantation involves debriding the injured ends, fixing up the bone with a wire, repairing tendons and nerves and restoring circulation by anastomosing



Fig. 2 : How to bring the amputated parts? (Step 1 - Clean the part gently with water and put it inside a plastic bag. It could be any plastic bag and not necessarily sterile. Step 2 - Tightly seal the bag with a knot at the top. Step 3 - Place the bag with the amputated part inside another container or a flask. Step 4 - Put ice all around the plastic bag.)

the digital arteries and veins under the microscope.

**How soon should the patient reach the replantation centre?**

As early as possible is the answer. Of all the tissues in the body, muscles do not stand ischemia for long and are the fastest tissues to degrade. Since the fingers do not contain any muscle, they can stand ischemia for some time. If the part is well preserved immediately after the injury, patients can travel 6 - 10 hours to the replantation centre for this surgery. The key thing is to preserve the amputated parts properly as soon as possible.

**Can the amputated fingers just be sutured without microsurgery and expected to survive?**

Survival in such a way is possible only in children up to 1-2 years of age and this too must be done only for the fingertips. Such injuries commonly occur in door