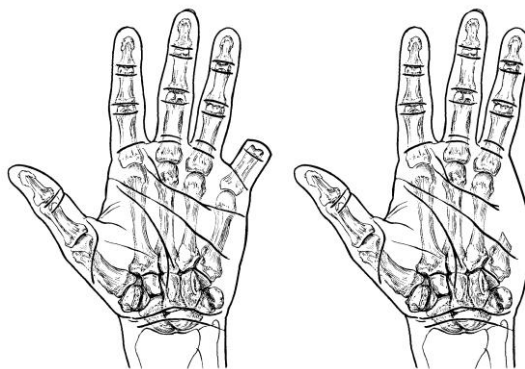


AMPUTATION OF A FINGER

The amputation of a finger or thumb may be the result of an injury or may be required to treat an advanced deformity or tumour. The level of amputation may be dictated by the presenting problem although, in many cases, there are options. There is merit in preserving as much length as possible particularly for the thumb. However, this can involve more complex surgery, lengthier recovery and a greater risk of complications. Furthermore, there may be a trade-off between appearance and function. For example, in some patients, the retention of the little finger stump can be useful for support and twisting actions (torque). However, the retained stump can be knocked, get in the way and be unsightly. Its removal as a "ray" amputation produces a better appearance (see diagrams).



Most finger amputations are performed under local anaesthetic unless there are other injuries or procedures to be addressed. Amputations at the palm level are more complex and require either a regional or general anaesthetic.

Finger amputation is frequently followed by complications and revision rates of 20% are reported after trauma. Tenderness is a frequent problem and reasons include loss of soft-tissue padding, nerve scarring, altered sensation and nail problems.

Wound Possible problems include swelling, bruising, bleeding, blood collection under the wound (haematoma), infection and splitting of the wound (dehiscence).

Scar The finger-tip will be firm to touch and tender for some months. This can be helped by firm massage with the moisturizing cream.

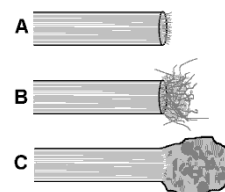
Dysfunction Mainly due to loss of length and sensation, also tenderness and other issues such as altered skin quality due to skin-grafting.

Stiffness May result from direct damage to joints and tendons but more often is due to adhesions forming whilst the finger(s) is swollen, dressed and not moving. It can affect more than just the injured finger and is prevented by hand elevation and exercises.

Nail Remnants can persist causing nail-spikes and discomfort. Revision is required.

Inclusion cysts Small fragments of skin can be driven into the wound at the time of injury. Later, they cause a swelling due to the normal shedding of cells and skin oil. Removal is required.

Neuroma When a nerve is cut, it tries to repair itself. The fibres grow from the cut end and collect as a swelling that is called a neuroma (fig). If the nerve ending is superficial and/ or some of the nerve fibres grow into scar tissue, the area can be very tender. This may require shortening and separation of the nerve ending away from the tip of the finger.



Sensory change Touch sensation is often reduced or altered, being described as "numb", "pins&needles", "funny", "nasty". The tip may never feel normal and this is permanent and irreversible.

Cold intolerance An exaggerated or abnormal reaction of the finger to cold exposure causing discomfort, stiffness, altered sensibility and colour change, which may appear in isolation or in any combination. This is very commoner after trauma, permanent and irreversible.

Regional pain syndrome About 5% (1 in 20) of people are sensitive to hand surgery and their hand may become swollen, painful and stiff after the operation. This problem cannot be predicted, is variable in severity and is principally treated with physiotherapy.

Phantom limb Sensations that seem to be amputated part; sometimes just awareness of the limb, but occasionally painful, particularly if previous treatment has been prolonged and/or the finger was painful before amputation. Affects 60-80% of patients to some degree.