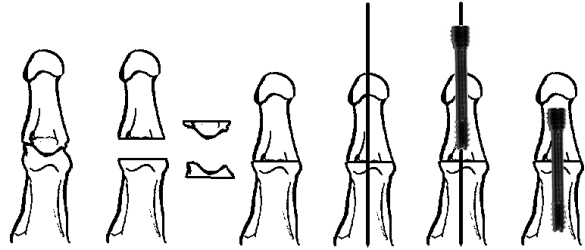


## DISTAL FINGER JOINT FUSION

The joint(s) in your finger(s) have been fused. This means that the finger joint has been removed and the bone-ends have been joined together, in this instance by insertion of a screw. The operative sequence is shown by the diagram.

The operation is generally done under local anaesthetic. It involves a "Y" shaped incision on the back of the joint and you will be left with a tiny mark at the tip of the finger at the point of wire and screw insertion. The initial dressing includes a splint (e.g. plaster).



After the operation, hand elevation is important to prevent swelling and stiffness of the fingers. Please remember not to walk with your hand dangling, or to sit with your hand held in your lap. It is fine, however, to lower your hand for light use.

You will be reviewed at 1-2 weeks when you will be provided with a further splint by a Hand Therapist. Once the dressings are removed, it is safe to get the hand wet in a bath or shower. Your stitches will dissolve. The area will be swollen and tender for many weeks after the operation whilst healing progresses.

The bones heal together over a period of weeks; the joint gradually becoming stronger similar to glue setting. The fusion must be kept protected from knocks and stresses 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 use until at least 12 weeks at the earliest and some splinting will still be needed until this time.

During the healing process, 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. Remove your splint regularly 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.

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

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

**Stiffness** The operation inevitably causes loss of movement in the joint fused. However, neighbouring joints can also get stiff because of tendons sticking around the fusion site as it heals. This is prevented by keeping the tendons gliding with regular exercises.

**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.

**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.

**Nail deformity** Very rarely, the screw can fracture the quite small end bone and thus cause pressure on the overlying nail.

**Metalwork** It is unusual for the screw either to cause any problems or require removal.