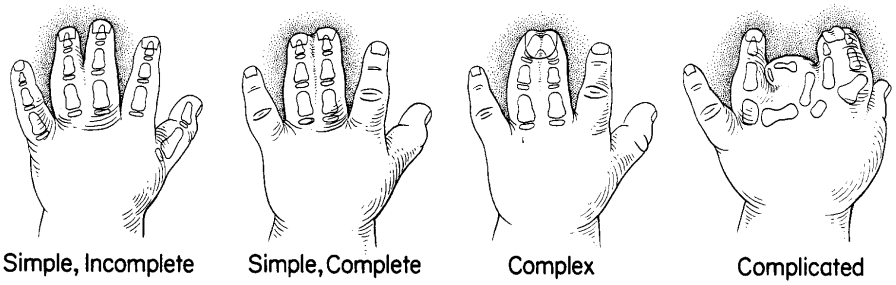
SYNDACTYLY

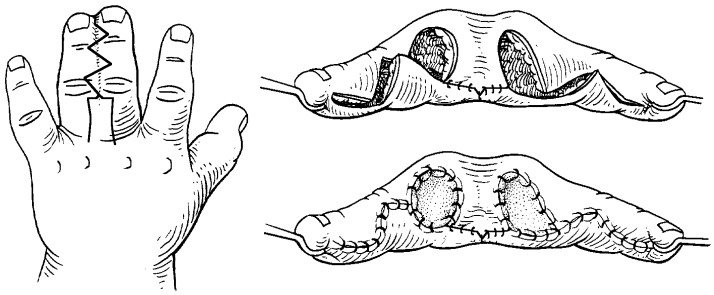


Syndactyly is the term for joined fingers. The name is derived from Ancient Greek (syn = together, dactylos = finger). This abnormality is one of the more common congenital deformities, occurring in approximately 1in 2000 births. It can occur in hands and/or feet. It is a little commoner in boys. In about one third of cases, there is another member of the family with the same condition. Most are "simple" but some are part of more complex deformities of the hand.

It is usual to correct syndactyly of the hands to spare children from teasing and to allow for best function of the hands. Joined toes are less often corrected as the problem is less visible and there usually is little effect on function.

It is my preference to correct syndactyly as soon as possible after the age of 6 months. Factors involved in the timing of surgery are twofold (i) The children must be big enough for the anaesthetic to be as safe as possible. (ii) Early correction allows for normal development of hand function. It also prevents the development of permanent deformities due to differences in the growth of the joined fingers. The children are still young enough not to remember the operation.

The operation involves splitting the fingers using a zigzag cut. This reduces the chances of recurrent webbing due to contraction of the scar. A new web-space is created using a flap of skin taken from the back of the fingers. This is tucked down between the fingers and joined to the palm skin.



There is never quite enough skin present to line the entire new web and therefore skin graft is usually needed. This will be taken from the groin and will leave a small permanent scar. The stitches in both hand and groin will dissolve.

Your baby can often be discharged on the day of surgery. However, this is <u>not guaranteed</u> and is at the discretion of the anaesthetist, in particular. The operation can be quite lengthy.

Your baby's hand is wrapped in a bulky bandage at the end of the operation with the finger-tips just showing. This dressing is vital for the protection of the stitches and skin grafts. It is intended to remain in place for for two to three weeks. It is put on very carefully but it is <u>up to you</u> to make sure it stays (i) on, (ii) clean and (iii) dry. If not, it will need to be replaced. This is extremely difficult to do properly in little children unless they are sedated or anaesthetised. All of us would rather avoid this. It can be useful to put one of Dad's socks over the dressing each day to protect it. Plastic bags are best avoided as the dressing will get soggy anyway. There will be a small dressing in the groin or upper arm. This can be removed after two days. The wound then left open and bathed normally

Your baby will be reviewed on the paediatric ward after two weeks. The dressings are removed and the wounds inspected. There obviously will be some swelling and bruising. If all is well, the hand is left "open" to allow for recovery of movement. You are encouraged to allow it be got wet in the bath. Please apply lots of moisturizer (E45, Diprobase, Nivea) to prevent the new wounds and grafts drying. The stitches will gradually fall out over the next week or so. Look out for any redness or tenderness in the area around the wound, which might indicate an infection. Do not apply antiseptics. Please contact my secretary if you have any worries.

In the long-term, it will always possible to see some scarring. The grafts are usually a slightly darker colour than the finger skin. There is a tendency for the new web to "creep" back. This sometimes needs to be corrected by a further minor operation, usually at the age of 7-10. Where the nails were joined, it can be difficult to create a perfect new nail-fold. Minor problems with the nails can occur such as catching on <u>clothes</u>.