

Fingertip amputation or terminalisation

Introduction

Fingertip injuries commonly occur when the fingers are crushed or damaged. The injuries may involve the bone (distal phalanx), soft tissues and skin. It is sometimes necessary to shorten the finger by removing some of the damaged tissues to close the wound. If there is insufficient skin to close the wound it is sometimes necessary to move skin from another area (e.g. a local flap or skin graft). The wound will then be stitched, and a dressing applied. This is known as a terminalisation procedure, but it is not the only option. If there is sufficient good quality skin and tissue with no exposed bone, then the wound can be cleaned (debrided) and allowed to heal slowly using regular moist dressings, to allow the fingertip to regrow slowly and maintain the length of your finger. With either of these options, the fingernail may not grow properly and could even require future treatment to remove permanently.

General Advice

- Swelling – to reduce swelling elevate the hand where possible (hand above the level of the heart). Your treating clinician may recommend compression taping if necessary, to assist this.
- Wound – keep dressings dry on the outside until advised that it is safe to wash the wound, complete any antibiotics that are prescribed.
- Pain – the fingertips have many small nerves branches and are very sensitive, so the injury may be painful. Take pain relief as recommended.

Hand Therapy

Hand Therapy can help improve sensation, joint stiffness and hypersensitivity (areas that now feel normal touch as uncomfortable or abnormal).

- Splint – it is sometimes necessary to protect the healing tissues short term with a thermoplastic splint. Your treating clinician will advise you if they think this is necessary.
- Scar Care – when your wound has healed you may be advised to massage your scar with an unscented moisturising cream.
- Sensitivity – regular light touch, massage and gentle tapping through the dressing will help prevent over sensitivity. Your treating therapist can give you a desensitisation programme if needed.

How long will I be off work and when can I drive?

Please liaise with your treating clinician for further advice if unsure. It is your responsibility to ensure you are safe to drive with your splint on and we advise you to discuss the matter with your insurance provider. In general, before returning to driving, we recommend that you are able to make a full pain free fist, be able to grip the steering wheel and perform an emergency stop manoeuvre without any distracting pain.

You will be able to do most everyday activities with your splint or strapping on. You may be able to work with your splint on, but this will depend on your job. You should not start any sporting activities until you are told by your treating clinician it is safe to do so or you may further damage your finger.

Complications

- Nail deformity
- Cold sensitivity
- Infection
- Poor wound healing
- Flap failure
- Persistent sensitivity or numbness
- Stiffness
- Neuroma



PATIENT INFORMATION LEAFLET

Further information

The day surgery unit can be contacted on 02476 966861 / 02476 966868 (University Hospital), or on 01788 663264 (Hospital of St. Cross). For further information please visit our hand service's web site at www.tinyurl.com/uhcwhand, or contact:

- Hand Therapy at University Hospital Coventry & Warwickshire on 02476 966016
- Hand Therapy at Hospital of St. Cross, Rugby on 01788 663257
- Our specialist hand surgery nurse / hand-coordinator on 02476 965072

The Trust has access to interpreting and translation services. If you need this information in another language or format, please contact 02476 966861 and we will do our best to meet your needs.

The Trust operates a smoke free policy.

Document History

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