

Orthopaedic Department

Mallet Finger



Symptoms

A sudden inability to fully straighten the end finger joint; the joint is held in a bent position.

What is the cause?

When a finger is stubbed with force the end finger joint (distal interphalangeal joint) bends suddenly forwards. This causes the tendon on the back of the finger that straightens the end joint to pull off the bone. Usually it pulls off without a piece of bone but sometimes it can pull off a fragment of bone with the tendon.

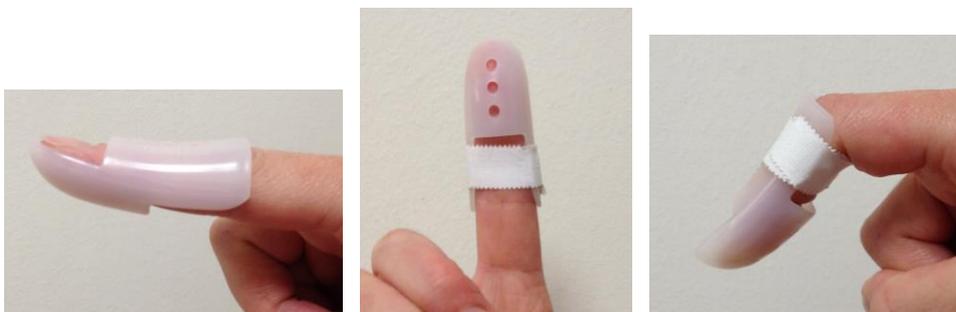
Investigations

An X-ray is usually required to see whether the tendon has pulled off a piece of bone. This will affect the type of treatment chosen.

Non-operative treatment

Most mallet finger injuries do not need an operation, unless a large fragment of bone has been pulled away. A non operative approach gives satisfactory results in most patients. A splint is applied to the finger to hold the joint straight. It is worn for 6-8 weeks constantly and a further 2 weeks at night.

Care of your finger whilst in the splint



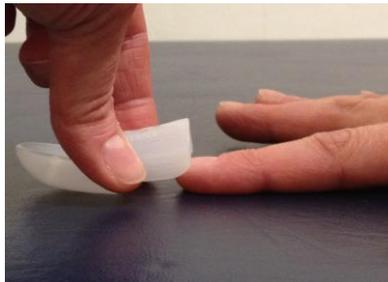
Patient Information

- Your finger should go right to the end of the splint and it should be a firm fit. If the splint does not keep the end joint straight, even as the swelling reduces, please contact us (see contact details at the end of this information).
- Strapping should be on the finger as shown.
- You should be able to bend the middle joint of your finger as shown.
- Ensure you do not block the ventilation holes with tape.

Washing the finger

To keep the skin in good condition you should wash and dry it thoroughly. The splint can be removed for washing, **but it is vital the finger is held straight at the end finger joint; otherwise the healing tendon will become damaged.**

Talcum powder can be used to freshen the splint. Wash the finger as follows:



- Remove strapping.
- Slide the splint from the splint supporting it with another finger or on a flat surface as shown.
- Wash and dry the finger **the finger must always be in the straight position.**
- Slide the splint into position keeping the finger straight and apply the strapping as above.

Surgery

If the X-ray reveals a large bone fragment has pulled off with the tendon an operation may be required. This is a day case procedure using fine wires that hold the bone fragments back in place. The wires are left in place for four to six weeks and are removed in the clinic.

What are the possible complications?

- If a splint is worn the skin may become irritated. The skin requires regular washing but care must be taken to keep the finger straight whilst doing this.
- There may be a recurrence of the dropped finger or what is called a swan neck deformity which involves the middle joint known as the PIP (proximal interphalangeal joint).

Work and Driving

- You may be able to return to work wearing your splint, depending upon the nature of your job.
- You may drive when you are able to make a full pain free fist

If you experience any problems please contact the Fracture Clinic on 024 7696 6325.

Further Information

If you need further information please contact your Therapy Department:
University Hospital, Coventry and Warwickshire: Tel 024 7696 6016

Patient Information

Rugby, St Cross Hospital: Tel 01788 663257 For further information please visit our hand service web site <http://tinyurl.com/uhcwhand>

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 024 7696 6861 and we will do our best to meet your needs.

The Trust operates a smoke free policy.

Document History

Author: Lynne Nicholls

Published: October 2012

Reviewed: June 2019

Review: June 2021

Version: 3.1

Reference: HIC/LFT/1499/12