

Trauma and Orthopaedics

Finger fusion - DIP joint

A joint fusion is an operation that involves removing the damaged ends of the joint and compressing them together until the bone has grown across the joint and the joint is stiff.

What is the cause

Finger fusions are often performed for pain caused by arthritis. The most common joint to be fused is the distal interphalangeal joint (DIP joint). This is the end finger joint, just below the nail.

Symptoms

People often have a painful, lumpy joint and stiffness. The articular or joint cartilage on the ends of the bone wears away, and the exposed bones rub against each other, causing pain. A fusion that stiffens the joint, can be successful at reducing this pain. There are very few functional limitations caused by fusing the DIP joint.

Treatment (surgery)

The surgery is a day-case procedure that usually takes place under local anaesthesia (the finger is numbed with injections, but you stay awake and can move your hand and arm). Alternatively, a regional block anaesthesia may be needed (the whole arm is numbed with injections, but again you stay awake). X-rays are used during the operation. An incision is made on the back of the joint. The tendons are divided, and the underlying bone prepared so that the two ends of the bone are freshened and come into close contact. These are then held with a variety of fixation devices, most commonly stainless-steel wires, or screws. Wires may be removed later



Patient Information

but will be kept in place until the bone has united – usually somewhere between four and eight weeks. There are many different methods of fixation of the DIP joint, and these include exposed wires, buried wires under the skin or internal screw fixation.

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

Driving: It is your responsibility to make sure you are safe to drive. You can discuss this with your treating clinician if you are still unsure. Please consider bringing someone with you, to avoid having to drive home yourself immediately after any procedure. You may wish to consider waiting until you can grip the steering wheel tightly without any distracting pain, before resuming driving.

Returning to work will depend on your type of job. Those involving heavy work may require you to remain off work for up to 6 to 8 weeks. You should be able to do most everyday activities with any splints or strapping that may have been provided. Again, please speak to your doctor about this, and do not resume sporting activities until you are told that it is safe to do so. Following surgery your finger will be splinted for 4 to 6 weeks, and you may need hand therapy.

What are the possible complications?

The main risk is the bones not fusing together. This may mean more surgery is needed to try and achieve fusion. This occurs in approximately 10 in 100 of cases. Other risks are infection and damage to the nail.

Further information

For further information please contact:

- The day surgery unit at University Hospital Coventry on 024 7696 6861/024 7696 6868 or at Hospital of St. Cross (Rugby) on 01788 663264
- Plaster room technicians at University Hospital Coventry on 024 7696 6909 or at Hospital of St. Cross (Rugby) on 01788 669143
- Specialist hand surgery nurse/hand-coordinator on 024 7696 5072
- Hand Therapy at University Hospital Coventry & Warwickshire on 024 7696 6016 or at Hospital of St. Cross (Rugby) on 01788 663257

Patient Information

Further information sheets will be available to you when you leave the hospital, please ask staff for a copy of:

- Post-operative Hand and Arm instructions

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.

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