



Trauma and Orthopaedics

Mallet Finger

Introduction

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.



Symptoms

A sudden inability to fully straighten the end finger joint. The joint is held in a bent position, sometimes in the presence of pain, but not always.

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.

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 8 weeks constantly and a further 4 weeks at night.



Patient Information

Care of your finger whilst in the splint

- 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.
- Strapping should be on the finger as shown.
- You should be able to bend the middle joint of your finger as shown.
- Make sure you do not block the ventilation holes with tape.

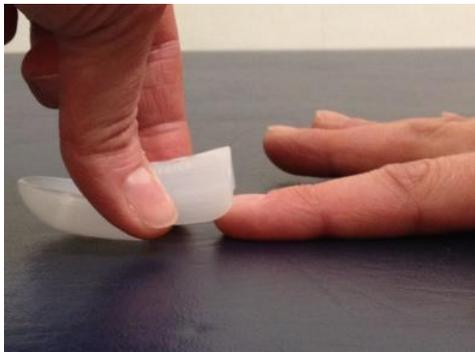


Patient Information

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, if the fingertip bends even once during the first 8 weeks of full-time splinting (day and night), then the healing tendon will become damaged, and the regime will need to start again for a further 8 weeks. Talcum powder can be used to freshen the splint. Wash the finger as follows:

- Remove strapping.
- Slide the splint from the finger 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 weeks and are removed in the clinic, following which the fingertip is often splinted for a further 2 weeks, before being allowed to move. Hand therapy sessions may be arranged to help you regain maximum movement.

Patient Information

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

It is your responsibility to make sure you are safe to drive. You can discuss this further with your treating clinician if you remain unsure. Please consider bringing someone with you, to avoid having to drive home yourself immediately after an injection. 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. You should be able to perform most everyday activities with any splints or strapping that may have been provided. Again, please speak to your treating clinician about this, and do not resume sporting activities until you are told that it is safe to do so.

Complications

- Stiffness
- Skin irritation (due to splint) - the skin requires regular washing, but care must be taken to keep the finger straight whilst doing this
- Recurrence of the dropped finger
- A swan neck deformity which involves the middle joint (proximal interphalangeal joint)
- A small lag of up to 10 degrees is common even after correct treatment

- If surgery is required, further complications include:
 - Infection
 - metalwork irritation
 - abnormal nail growth
 - a pain syndrome.

Patient Information

Further information

The day surgery unit can be contacted on 024 7696 6861 / 024 7696 6868 (University Hospital), or on 01788 663264 (Hospital of St. Cross). For further information please contact:

- Our plaster room technicians at Hospital of St. Cross on 01788 669143
- Our plaster room technicians at University Hospital Coventry on 024 7696 6909
- Our specialist hand surgery nurse / hand-coordinator on 024 7696 5072
- Hand Therapy at University Hospital Coventry & Warwickshire on 024 7696 6016
- Hand Therapy at Hospital of St. Cross, Rugby on 01788 663257

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.

To give feedback on this leaflet please email feedback@uhcw.nhs.uk

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