Finger Injuries Treatment

Self-Care at Home

- Control bleeding by direct, continuous pressure for at least several minutes. Elevate the hand above the level of the heart to help slow the bleeding.

- Find torn or missing tissue and save it, if possible.
  - Gently rinse the tissue off with water if it is very dirty, and place it in a sealed plastic bag.
  - Place the bag on ice water and bring it to the hospital with the patient.
  - Cover the wound with a clean, dry bandage.

- Remove loose dirt or foreign bodies.
  - Do not try to remove objects that are deeply or firmly embedded.
  - Run the patient's hand under plain tap water for several minutes, scrubbing gently with a washcloth if needed to remove dirt.
  - Dry and then apply an antibacterial ointment.

- If the finger is obviously deformed, immobilize it with a splint in whatever position is least painful.
  - Almost any small rigid item such as a popsicle stick, a pen, or a piece of cardboard can be tied or taped to the finger as a splint.

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A finger can also be buddy–taped—that is, taped to the finger next to it.

**Medical Treatment**

- **Pain management**
  - Before treating the injury, the doctor may numb the tissue with a local anesthetic such as lidocaine. This is usually done by putting anesthetic in the base of the finger, called a "digital block".
    - A digital block is done with a small amount of lidocaine placed on either side of the base of the finger where the main branch of the nerve is located. This provides anesthesia (numbing) to the entire finger with a minimum amount of needle shots and pain.
  - The patient may also be given pain medications by mouth or through an IV.
- **Open wounds**
  - If the patient has an open wound such as a laceration or an avulsion, the doctor may want to explore the wound more carefully to assess the damage or to remove foreign bodies.
  - The wound will then be thoroughly washed.
  - The nail bed, tendons, or other deep structures are sometimes sutured (stitches are put in) with absorbable (dissolving) thread.
  - Thread used to close the skin, however, does not absorb, and stitches will need to be removed in one to two weeks.
  - Some wounds are just temporarily closed with loose stitches until the patient can be seen by a hand surgery specialist in a day or two.
- **Avulsions and amputations**
  - The separated tissue may be able to be reattached to the finger.
  - A piece of tissue that is very small, is severely damaged, or has been separated for a long period may not be salvageable. Reattachment of amputations closer to the base of the finger (more proximal), especially ones that include the middle part or base of the finger, are more likely to be attempted by the hand surgeon.
• Skin grafting is used in some cases where a large piece of skin is missing.

Subungal Hematoma

• A large (>50% of nail surface) or very painful patch of blood can be drained from under the nail by "trephination"
  - Trephination is done by boring a few holes in the nail to relieve the pressure and drain the blood. This can be done with a red–hot cautery device (a heated metal probe), a needle twisted through the nail, or a small drill device.

Paronychia

• This infection of the lateral nail fold is drained by putting a small incision in the skin overlying the infected area. It is then cleaned, and antibiotics are placed on it. Depending on the severity of the infection, the patient may need oral antibiotics.

Fractures and dislocations

• Reduction (realignment) of broken or dislocated bones usually takes place in the emergency department under local anesthesia.

• After the bone is put back into place, the doctor may perform more x–rays to make sure the bones are realigned, then a splint is applied.

• Some fractures and dislocations require surgery in the operating room to repair.

Splinting

• Fractures, dislocations, tendon injuries, and some lacerations may be treated by splinting part of the finger or even the whole hand or wrist.

• This splinting allows the tissues to rest and therefore heal faster.

Antibiotics

• Some wounds are at higher risk of infection than others and may be treated with antibiotics.

• If the doctor prescribes antibiotics, it is very important that the patient take the medication as directed and finish the whole prescription even if the patient feels fine.
Referral to a hand specialist
  - Certain fractures, tendon lacerations, amputations, and other injuries may be referred to a hand specialist for treatment or for follow-up.

For more information, read the complete article, Finger Injuries on http://www.emedicinehealth.com.

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