

Drainage of a Felon

At-a-glance recovery. Pooled from 10 published studies — your own pace will vary.

LIGHT DUTIES	MOST EVERYDAY ACTIVITIES	FINAL OUTCOME PLATEAU
desk work, driving, daily tasks	manual work, sport, gym	pain and strength
2-6 weeks	3 months	6 months
Desk work is often possible within a few days once the dressing is manageable, and most people are back to light activity within 2 to 6 weeks. The fingertip stays throbbing and pressure-sensitive for the first week or so.	Gripping, manual work and anything that loads the fingertip are usually comfortable by about 3 months. The wound itself is closed long before this — it is pulp tenderness that sets the pace.	Full pulp softness and normal fingertip sensation take up to 6 months. If the nail was lifted or removed, a fingernail takes roughly 6 months to grow out fully.

Why this operation has been suggested

Dr Kieran Hirpara, an upper-limb surgeon at Mater Private Hospital Rockhampton, matches the treatment to the stage your infection has reached. A felon is a collection of pus or swelling in the padded tip of a finger. Early on, when the pain feels prickly rather than throbbing, antibiotics alone may be enough. Once the fingertip becomes tense and throbbing, often worse at night, the pressure inside needs to be released. That is what an incision and drainage does: a small cut lets the infection drain out and relieves the pressure on the blood supply to your fingertip.

Patients are generally referred to our clinic by their GP; if a physiotherapist has suggested you see us, you will still need a referral from your GP in order to be eligible for the Medicare rebate. We assess your finger, and imaging may be used where needed. We usually try antibiotics first when the infection is early, with close follow-up to check it is settling. Surgery is recommended when those measures have not given enough improvement, or when the fingertip is already tense. The aim is to drain the infection early, ease your pain, and protect the finger from lasting damage.

Before the operation

Your surgeon will give you clear instructions before the day of surgery. You will need to stop eating and drinking for seven hours beforehand. We ask for seven hours rather than six so you can be brought forward if the theatre list runs early. Some medications may need to be paused, and your surgeon will tell you which ones and when. Bring a written list of everything you take, arrange someone to drive you home, and wear loose, comfortable clothing. An X-ray may be used to check the bones of your fingertip, and ultrasound or MRI can help when the diagnosis is unclear. If you have other medical conditions, you may need blood tests or a review with the anaesthetist. Most patients need neither.

On the day

You will arrive at the hospital's surgical admissions unit, where you are checked in and prepared for theatre. You will then meet the anaesthetist, the doctor who puts you to sleep and looks after you during the operation. This operation is done under general anaesthetic. A regional nerve block is sometimes added for post-operative pain relief; the anaesthetist will discuss this with you on the day.

You are then taken into the operating theatre, where the operation is performed. Afterwards, you will wake up in the recovery area, where nurses monitor you while the anaesthetic wears off. Once you are stable, you will either go to a ward or go home, depending on the procedure and your recovery.

What the operation involves

The operation is called an incision and drainage. Your surgeon makes a small cut into the tense, swollen pad of your fingertip. This releases the pressure that has built up inside and lets the infection drain out.

Once the fingertip is open, your surgeon washes the space out with fluid and clears away any infected or dead tissue. This is called debridement. If there is a simple collection of pus, a thorough drainage is often all that is needed. If the swelling has spread under the skin fold at the base of the nail, your surgeon may lift or remove a small crescent of that fold so the infection can escape and the area can be rinsed clean.

The cut is then dressed rather than stitched shut in most cases, because the whole point of the operation is to leave a path for the infection to keep draining as it settles. You will go home with a dressing in place, and our team will tell you how to care for it.

Antibiotics are part of the treatment as well as the surgery. A sample of the infection is usually sent to the laboratory so the right antibiotic can be chosen for the specific germ causing it. If the infection was caught early and drained fully, you may not need antibiotics afterwards at all. If it was severe, spreading quickly, or you have other health conditions, a longer course is used.

The exact shape and place of the cut depends on your own finger. Your surgeon decides this during the operation, based on where the pressure has collected and what they find.

After the operation

You will wake up in the recovery area, where nurses watch you as the anaesthetic wears off. Your hand will be raised and wrapped in a soft dressing, and the fingertip is left free so you can see it moving. Pain relief is given as you need it, and the nurses will check in with you regularly. Someone should stay with you for the first 24 hours after you get home. Your team will tell you whether you go home the same day or stay one night in hospital. We leave the dressing on for about 10 days; please do not take it off before then unless we tell you to. We change or remove it when we see you.

Recovery

The throbbing pain that brought you to surgery should ease noticeably once the pressure has been released. Your finger will still be tender and swollen for a while, and some fluid may continue to drain through the cut as it settles. Keeping your hand raised on a pillow, even when sitting or sleeping, helps the swelling go down and eases the discomfort. Pain relief as prescribed will also help you stay comfortable.

Your dressing stays on for about 10 days, and we will change or remove it when we see you. Once the dressing comes off, you can watch the fingertip move freely. Hand therapy after surgery is with Ruby Doolan at Extend Rehabilitation. She will guide your exercises and make any splint you need. Gentle movement helps the finger bend and straighten again as the swelling settles. You can do most light daily activities at home with the hand raised when you can.

Healing happens in stages. The cut closes over first, then the tenderness fades, then grip and fine movement return. The fingertip pad may feel firm or slightly numb at first, and this softens with time. If the nail was involved, it grows back and covers the area as it regenerates. Once you can grip without pain and the swelling has settled, your surgeon will talk with you about returning to your usual activities, including driving.

Recovery varies from person to person. Your timeline may differ, and your surgeon and therapist will guide you along the way.

When to call us

Most infections settle after drainage, but a few signs mean you should speak to us sooner. Call us if you develop a fever or chills, if the redness or discharge from the wound gets worse, or if the pain keeps getting worse instead of easing. Go to emergency if you have calf swelling, shortness of breath, or sudden severe pain. Call us straight away if your finger loses feeling, or if you cannot move it.

CQ HAND + UPPER LIMB

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COMPLICATIONS & CONSENT

Drainage of a Felon

Complication rates from published literature

Pooled from 10 published studies. These are population-level rates, not your individual risk — your surgeon will discuss what applies to you.

COMPLICATION	REPORTED RATE	NOTES
incomplete drainage or recurrence	2%	In the prospective series of 46 drained felons and paronychias given no post-operative antibiotics, 45 of 46 healed (the single failure was not a failure of infection control). Pus left in an undrained pulp compartment - the pulp is divided into small compartments by fibrous septa - is the usual reason a felon fails to settle.
osteomyelitis of the distal phalanx	—	Infection tracking into the underlying bone. The main reason a felon is drained promptly rather than treated with antibiotics alone.
pulp scarring and altered sensation	—	An unstable or tender pulp scar, or lasting numbness, is more likely after a large incision or delayed treatment.
nail deformity	—	Where the infection or the incision involved the nail fold or matrix.
digital nerve injury	—	The digital nerves run close to the incision; injury is uncommon but is why the incision is placed and sized deliberately.

I have read this information and have had the opportunity to ask Dr Hirpara questions about the procedure, its expected recovery, and the complications listed above.

PATIENT — PRINT NAME

SIGNATURE

DATE