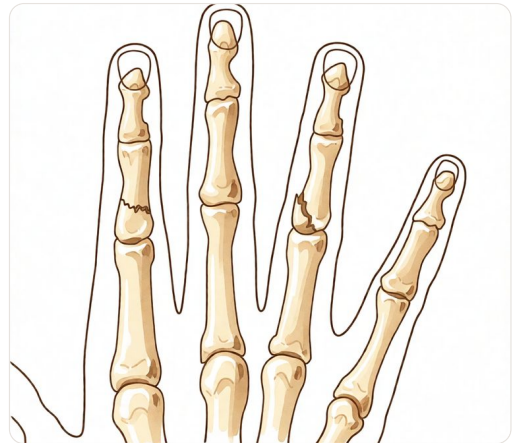


# Finger Fractures

X-ray showing a fracture pattern through a finger phalanx.

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## What you're feeling

You are likely experiencing sharp pain and swelling in your finger or hand. The pain often worsens when you move the injured digit or put weight on your hand. You may notice bruising or visible deformity if the bone is displaced. Simple, closed fractures are common and usually stable, meaning the bone pieces stay in place. However, if the injury involves an open wound or severe crush damage, the pain can be more intense and complex.

Daily tasks become difficult because your hand is not functioning normally. You might struggle with simple actions like reaching behind your back to fasten a bra or tucking in a shirt. Gripping objects feels weak and painful. If the fracture is in the thumb or index finger, these challenges are often more pronounced. These specific fingers are critical for pinch and grip, so injuries here can significantly impact your ability to perform routine activities.

Your hand may feel stiff, especially in the morning or after periods of rest. This stiffness can make it hard to fully straighten or bend the finger. In some cases, particularly with phalangeal fractures, the range of motion may decrease over time if not managed properly. You might find it difficult to sleep on your side due to the pressure on the injured hand.

If your fracture is open, there is a higher risk of complications. About one-quarter of open finger fractures require more than one surgical procedure. This need for additional surgery is especially common if the injury is severe, involves a crush mechanism, or affects blood flow to the finger. For most other metacarpal fractures, the effect on your overall well-being is minimal, and many heal well without surgery. However, individual treatment plans depend on the specific pattern of your fracture and the condition of your soft tissues.

## What's actually happening

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When you break a finger bone, the hard outer shell is cracked. This can happen to the long bones in your palm (metacarpals) or the smaller bones in your fingers (phalanges). Most of these breaks are simple, closed, and stable. This means the skin is intact and the pieces have not shifted far. In these cases, your hand usually heals well without surgery.

However, some fractures are more complex. If the break goes into the joint surface or the bone ends are displaced, the pieces may not line up correctly. Your surgeon must look at the specific pattern of the break, how much the bone has moved, and the condition of your skin and soft tissues. This helps decide if you need an operation to hold the bones in place while they heal.

If surgery is needed, the goal is to restore the bone to its normal shape. This allows you to move your hand early. Early movement prevents stiffness and helps you get your hand function back. For example, some minimally invasive techniques can treat certain thumb fractures with full movement within 3 weeks. Other methods use plates and screws to hold the bone steady. This rigid support lets you start using your hand sooner, which improves satisfaction and looks.

Be aware that some injuries carry higher risks. Breaks in the thumb or index finger are more likely to need unplanned reoperation. This is especially true if blood vessels were damaged. Also, about a quarter of open finger fractures (where the skin is broken) will likely need more than one surgical procedure. These are often more severe injuries involving crushing or poor blood flow.

Even with successful repair, stiffness can occur. In cases of unstable proximal phalangeal fractures treated with titanium plates, postoperative finger stiffness occurred in 43% of patients. This happens because the joint capsule and tendons can tighten up when the hand is not moved enough during healing. Your surgeon will balance the need for stable fixation with the need for early motion to minimize this risk.

## What we can do about it

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Most finger fractures heal well without surgery. For children, non-surgical treatment is the standard approach and leads to good results. You can often manage this at home. Your surgeon may recommend buddy taping, which means taping the injured finger to the healthy one next to it. This acts like a natural splint. You can use this method regardless of how much the bone is displaced or if it needed realignment. For metacarpal fractures, which are breaks in the palm bones, most are simple and stable. They usually heal excellently without surgery and have minimal impact on your daily life.

If you have a proximal phalangeal fracture (a break in the first finger bone), your surgeon will check for rotation or angulation. If the bone is not rotated and the angle is within safe limits, a conservative protocol is effective. You might use a thermoplastic traction platform, a non-invasive device that helps hold the bone in place. Hand therapy is a key part of your recovery. Your therapist will guide you based on the fracture location and stability. The goal is to restore motion and strength. For most patients, this pathway leads to full function within 10 weeks without complications.

Surgery is considered when conservative care is not enough or when the injury is severe. You may need an operation if you have an open fracture, where the skin is broken. About a quarter of these cases require more than one surgical procedure, especially if the finger was crushed or has blood flow issues. Surgery is also used for unstable fractures that cannot be held in place with taping or splints. Your surgeon may use plates, screws, or small pins to hold the bone fragments together. This helps ensure the bone heals in the correct position. In some cases, a non-surgical approach is preferred even if surgery is an option, particularly for closed spiral metacarpal fractures, where surgery offers little benefit. Your surgeon will discuss the best path for your specific injury to minimize stiffness and restore normal hand function.

## What to expect

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Most finger fractures, especially in children, heal well without surgery. Your surgeon will likely use a splint or tape the injured finger to the healthy one next to it. This simple support helps the bone knit back together. You can expect good results with this non-surgical approach. Even if the bone was slightly out of place, buddy taping often works well for children.

For adults, many metacarpal fractures (bones in the palm) are simple and stable. These also often heal perfectly without an operation. You might feel some swelling and stiffness as you recover. Most people return to full function within ten weeks. Your hand should feel normal again, with little impact on your daily life or well-being.

If your fracture is unstable or involves the thumb or index finger, your surgeon may recommend surgery. This ensures the bones stay in the right position. Most patients regain excellent motion and grip strength after these procedures. You should expect to feel your hand becoming stronger over the next few months. Follow-up visits are important to check your progress.

Be aware that some complications can happen. About one in four open fractures (where the skin is broken) may need more than one surgery. This is more likely if the injury was severe, crushed, or affected blood flow. Unplanned reoperations happen in about 8% of metacarpal surgeries. These are often needed to remove hardware that causes discomfort, typically around two months after the first operation.

Stiffness is another common issue. It affects 43% of unstable proximal phalanx fractures treated with plates and screws. You may need extra time to regain full movement. Injuries to the thumb and index finger are more likely to need a second surgery than other fingers.

If you miss your one-month follow-up, your surgeon may not be able to track your healing properly. This group of patients often has different social circumstances than those who attend. Please keep your appointments so your surgeon can ensure you are on the right path. With proper care, most people recover fully and return to their normal activities.

## When to see someone

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See your GP if you have persistent pain that does not improve with rest, or weakness and instability in your finger. Ask for a specialist review if your finger locks or gives way, or if symptoms interfere with your sleep or work. Some injuries need prompt recognition to minimize complications. For example, about one-quarter of open finger fractures require more than one surgical procedure. Reoperation is especially likely if there is a crush injury or blood flow problems. Thumb and index finger injuries are more likely to need unplanned reoperation. If you have a metacarpal fracture, follow-up X-rays are not needed for most fifth finger base and neck fractures. However, you should attend your scheduled one-month follow-up to ensure proper healing.