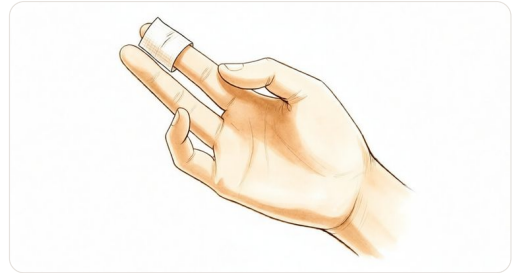


Fingertip Injuries

Mallet finger – the fingertip droops because the extensor tendon at the end of the finger has torn or pulled off a small bone fragment.

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What you're feeling

You may notice sharp pain right at the tip of your finger. This pain often comes from a cut, crush, or amputation that damaged the nail bed or the soft tissue underneath. The area might feel tender to the touch or sensitive to air. You might find it difficult to use your finger for daily tasks like typing, buttoning a shirt, or holding a cup. Simple movements can feel uncomfortable or painful.

If you have a nail bed injury, you might see bleeding under the nail or notice the nail is loose or missing. The skin around the tip may look red or swollen. In some cases, you might feel a throbbing sensation, especially if there is significant swelling. This discomfort can make it hard to sleep on your side if you rest your hand on that arm. You might also feel a strange sensitivity when your finger brushes against clothing or bedsheets.

Infection is a risk, but it is relatively uncommon. The chance of infection after a distal fingertip injury is low at 2.5%. You should watch for signs like increasing redness, warmth, pus, or fever. If these symptoms appear, contact your surgeon immediately. However, most patients do not develop an infection. Some studies question the need for preventive antibiotics because the infection rate is so low and similar between those who take them and those who do not.

Healing times vary depending on the treatment you receive. If you are treated with noncontact low-frequency ultrasound, your fingertip may heal nine times faster than with local wound care alone. If you undergo a revision amputation, you can expect to return to work on average approximately 7 weeks after the procedure. For other injuries, such as finger glomus tumours treated with a lateral-ungual approach, you might see significant pain improvement and normal function recovery in 3 weeks.

Your surgeon will choose the best option to restore the look and function of your fingertip. The goal is to minimize pain, preserve sensation, and keep your finger length. You might receive a flap graft or a composite graft to cover the exposed area. If you are a non-smoker and receive a composite graft within 5 hours of injury, you are more likely to have an excellent outcome. Your surgeon will guide you through the recovery process to ensure you get back to using your hand as normally as possible.

What's actually happening

Your fingertip is a complex mix of bone, skin, and delicate tissue designed for touch and grip. When you suffer an injury, you may lose part of the nail, the skin, or even the bone tip. The goal of treatment is to restore both function and appearance. You want to keep your sensation and be able to use your finger normally again.

There is no single standard way to fix every fingertip injury. Your surgeon will choose the best option for you based on the type of damage. Options range from simple wound care to complex surgery. The aim is to minimize pain, help healing, and preserve the length and feeling of your finger.

In some cases, conservative treatment works well. You might heal successfully without surgery, even if bone is exposed. For faster healing, noncontact low-frequency ultrasound can help. This treatment leads to healing nine times faster than local wound care alone.

If surgery is needed, your surgeon may use a flap. This involves moving healthy tissue from nearby to cover the wound. Some flaps preserve finger length and avoid immobilizing other fingers. Others provide durable coverage in one step. For nail damage, split-thickness nail bed grafts or direct flow island flaps can restore a satisfying look and function.

Infections are rare after these injuries, occurring in only 2.5% of cases. Because the risk is low, antibiotics are not always necessary. If you have significant bone loss, your surgeon might use a thenar flap from your palm. This adds length and support to prevent a shortened fingertip and avoids a hooked nail shape.

For older patients, primary flap reconstruction is often the best choice to maintain movement. In severe cases, revision amputation can still provide almost normal sensation and motion. On average, you can return to work about 7 weeks after this procedure. Your surgeon will balance immediate wound closure with long-term comfort, as flaps can sometimes cause stiffness or nerve pain compared to simple dressings.

What we can do about it

For many fingertip injuries, you can start with conservative care. This means letting the wound heal on its own without surgery. This approach works well even if bone is exposed. If you choose this path, your surgeon may recommend noncontact low-frequency ultrasound. This treatment uses sound waves to help the skin heal. Patients using this method healed nine times faster than those using local wound care alone. You can also use simple splints to protect the area. One common method uses a standard artificial nail as a splint for nail bed repairs. This helps keep the joint moving while it heals.

Your surgeon will focus on keeping you comfortable and preventing infection. The risk of infection after a fingertip amputation or crush injury is 2.5%. You might wonder if antibiotics are necessary. Research shows no meaningful difference in infection rates between patients who take prophylactic antibiotics and those who do not. Your surgeon will decide if you need them based on your specific injury. Pain management is also key. If you have a painful lump under the nail, known as a glomus tumour, your surgeon may recommend a specific approach to remove it. This method significantly reduces pain and restores normal function in 3 weeks. It also carries no risk of wound infection or nail deformity.

Surgery is considered when conservative care is not enough or when the injury is severe. Your surgeon aims to minimize pain, optimize healing, and preserve the length and sensation of your finger. There is no single standard way to treat these injuries. Options range from simple revisions to complex replantation. For example, if you have a partial loss of the fingertip involving the nail bed, your surgeon might use a split-thickness nail bed flap graft. This restores both appearance and function. If you have lost bone, a tripartite reconstruction using a thenar flap with bone and nail bed grafts can prevent a shortened finger and avoid deformity. In older patients, primary flap reconstruction is often the best choice to ensure you regain full movement. Your surgeon will choose the method that best fits your injury to give you the best possible outcome.

What to expect

Your fingertip injury will heal through a process that prioritizes both function and appearance. Your surgeon aims to restore the nail bed and soft tissue simultaneously. This approach helps prevent common issues like a shortened fingertip or a hooked nail shape. Most patients see a satisfying restoration of the fingertip's look and feel.

Healing times vary based on the treatment chosen. If you receive noncontact low-frequency ultrasound, your wound may heal nine times faster than with local wound care alone. For those undergoing revision amputation, you can expect to return to work in approximately 7 weeks. This procedure often restores almost normal sensation and satisfactory motion.

Infection is a known risk, but it is uncommon. The incidence of infection after distal fingertip amputation or crush injury is 2.5%. There is no meaningful difference in infection rates between patients treated with and without prophylactic antibiotics. Because the risk is low, your surgeon may not prescribe preventive antibiotics.

If you choose conservative nonsurgical treatment, healing can still be successful without surgery, even if bone is exposed. Some patients use artificial nail splints to support repair. In one case, a patient recovered significant joint movement and had no recurrent infection after 18 months.

For cutting injuries, composite grafting offers excellent outcomes if performed within 5 hours of injury and if you do not smoke. Various flap techniques are available to cover defects. These methods preserve finger length and avoid immobilizing adjacent digits. Your surgeon will select the best option to minimize pain and optimize healing.

Overall, the outlook is positive. Whether treated surgically or conservatively, the goal is to return you to normal activities with minimal discomfort. You can expect your finger to regain strength and sensation over time. Regular follow-up ensures the nail grows back correctly and the fingertip remains stable.

When to see someone

See your GP if you have persistent pain that does not improve with rest. Ask for a specialist review if you notice weakness or instability in the finger. Seek care if the finger locks or gives way during use. Contact your doctor if symptoms interfere with your sleep or work. Go to urgent care for sudden worsening of the injury. While

infection rates are low at 2.5%, watch for signs of infection. Some minor injuries heal without surgery, but noncontact low-frequency ultrasound can speed healing nine times faster than local care alone. If you have a cut, composite grafting works best if done within 5 hours.