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Diplomate American Board of Plastic Surgery, Diplomate American Board of Surgery

General Surgery, Reconstructive Surgery, Aesthetic Surgery, Plastic and Hand Surgery

SYNDACTYLY RELEASE

Post-Operative Instructions

Timing of Surgery

The timing of syndactyly release surgery is varied with the number of affected fingers and the severity of the webbing.

- Patients with more fingers involved and more complex syndactyly should receive their first surgery at approximately 6 months old to prevent growth disparity between the affected fingers. Full-term infants can be scheduled surgery as early as 5 or 6 months of age.
- Children younger than 18 months often tolerate bilateral immobilization of the upper extremities well after surgery.
- The more active child who is older than 18 months tend to have more difficulty with bilateral immobilization. Therefore, these patients can receive unilateral release then proceed to finish the remaining 6 months later.
- Children with simple syndactyly can wait later to have surgery but generally should be done before school age to prevent them from missing major developmental milestones.

Dressing

After the surgery, a well-molded bulky dressing is applied to the upper extremity. The first layer of the dressing contains a generous amount of antibiotic ointment applied directly on the skin graft and the incisions. The next layer is followed by a non-adherent dressing material such as Xeroform/Adaptic to prevent the material from drying onto the skin grafts. Then the surgeon will gently lay fluffs within the web space to limit scar contracture. Lastly, the upper limb will be placed into a well-padded, bulky dressing with reinforcement from a fiberglass splint.

If skin graft was used, the donor site will be closed with absorbable sutures and Steri strips then covered with gauze and clear cellophane adhesive.

Wound Care

- The child's hand should be elevated immediately post operation to minimize edema and subsequent pain.
- Three days after surgery, parents need to remove the dressing on the skin-graft donor site. The child may be bathed and allow the donor site to get wet. It is recommended to gently wash this area with soap and water.
- The splint needs to be kept dry until it gets removed at post-operative appointment. If there is any concern about the possibility of loss of the skin graft with an early dressing change, the dressing can be left in place for another week and remove at a later time.
- Once the splint is removed, your surgeon may apply a scar pad or stockinettes to the child's hand.
- Dr. Tran will instruct parents on scar management starting 4 weeks after surgery.



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Follow up appointment

At the pre-op appointment, a front desk staff will schedule your post-op appointment between 5-7 days after the surgery.

Possible Problems/Emergency

If you develop any symptoms such as fevers with temperature greater than 101.5 F, chills, persistent nausea and vomiting, inability to urinate, severe pain not controlled with medications, pus drainage from the wound site, or for any acute problems or illnesses, please contact our office at 714-839-8000 between the hours of 9AM-6PM Monday-Thursday and 9AM-1PM on Friday; or you may reach us at 714-860-3588 after hours.

If you are unable to reach your surgeon or a member of his staff, go to the Emergency Room closest to you.

References:

Deune, E. G. Syndactyly treatment & management. Retrieved from <https://emedicine.medscape.com/article/1244420-treatment#d13>

Tran, T. A. et al. (eds.), *Operative Dictations in Plastic and Reconstructive Surgery*, DOI 10.1007/978-3-319-40631-2_108