

Mallet finger (soft tissue)

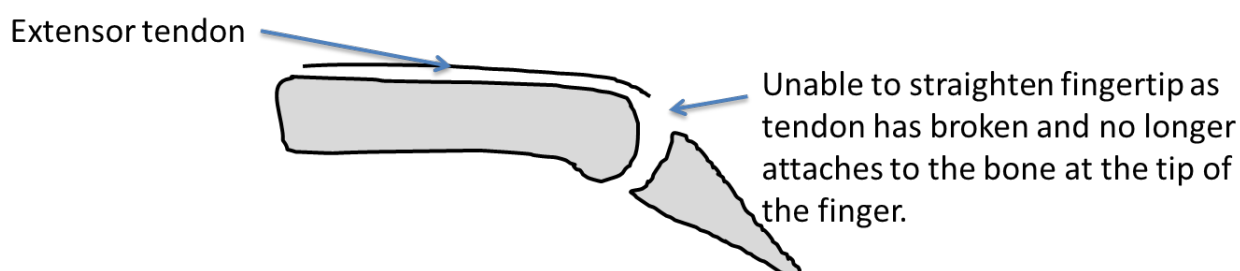
Information for patients

Out Patient Fracture Care Team: Shared care plan

Orthopaedic Department
Tunbridge Wells Hospital
Tonbridge Road
Pembury
TN2 4QJ
Telephone: 01892-638450
Email: Mtw-tr.fracturecare@nhs.net

This is a follow-up letter to your recent telephone consultation with the Fracture Care Team explaining the ongoing management of your injury. Your case has been reviewed by an Orthopaedic Consultant (bone specialist) and Fracture Care Extended Scope Physiotherapist.

You have sustained a soft tissue (tendinous) mallet finger injury. This means that the extensor tendon, which attaches to the bone at the end of your finger and usually allows you to straighten it, has broken (as shown in the diagram below). This injury results in being unable to straighten the tip of the finger. This injury normally takes up to 12 weeks to heal fully and you will need to wear a splint full time for the first eight weeks to enable the broken tendon to heal.



You have been provided with a splint. It is important for you to wear this splint at all times in order for the injured tendon to heal. Do not remove the splint to shower, when you go to bed, or at any time other than for cleaning purposes as described on the next page.

You may use the injured hand for light tasks but it is very important to keep the splint clean, dry and well secured with tape. It is important to keep your other fingers, thumb and wrist moving to prevent stiffness. Take pain killers as prescribed. You do not need to wear a sling. If you are worried that you are unable to follow this rehabilitation plan until you are seen for an appointment, or have any questions, then please phone the Fracture Care Team for advice.

You will be offered an appointment with one of the hand therapy team, usually within two weeks of your fracture care telephone consultation. At this appointment the therapist will check the position and fit of your splint and the condition of your skin. If needed, an alternative splint will be custom made for your finger. The hand therapist will also advise you of the ongoing

treatment plan for your injury including arranging any further appointments that may be needed. Patients with this type of injury do not routinely need to see a doctor for follow-up.

If you are experiencing pain or symptoms, other than at the site of the original injury or surrounding area, please get in touch using the telephone or email details above.

Looking after your splint:

You will need to remove your splint approximately once a week in order to clean the skin and change the tape holding the splint in place. It is very important that you do not bend the tip of your finger whilst the splint is removed; make sure you keep it fully supported on a flat surface such as a table top (placing your finger on your leg is not supportive enough).

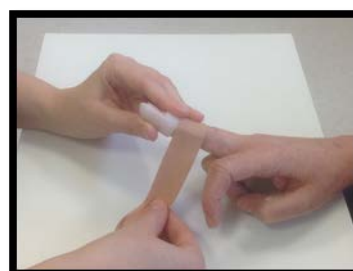
This process will be easiest and safest if you can ask someone else to help you and if you prepare everything you will need before removing the splint. You will need a small pair of scissors, some skin wipes or a damp cloth, a dry towel or paper towel and a roll of tape to secure the splint to your finger. The tape should have some elasticity, e.g. Elastoplast (other elastic adhesive bandages are available); these are available from chemists. If you are allergic to this an alternative will be advised.



1. Remove the old tape from the splint and then carefully slide the splint off of the finger, ensuring the tip of the finger stays straight and supported on the table.



2. Clean the skin with wipes or a damp cloth, then dry it fully, being careful to ensure that the fingertip does not bend. Also clean and dry the splint.



3. Once the skin and splint are completely dry, slide the splint back on to the finger and secure it with a strip of tape. Make sure the finger is held fully straight whilst the new tape is being applied.



4. You should be able to bend the middle joint of your finger in your splint. It is important to do this regularly to stop the joint from getting stiff. If your initial splint is too long to allow you to bend this joint do not worry; a new splint will be made to fit you when you attend hand therapy for an appointment.


Smoking cessation

Medical evidence suggests that smoking prolongs healing times. In extreme cases it can stop healing altogether. It is important that you consider this information with relation to your recent injury. Stopping smoking during the healing phase of your fracture will help ensure optimal recovery from this injury.

For advice on smoking cessation and local support available, please refer to the following website: <http://smokefree.nhs.uk> or discuss this with your GP.



Further information and advice can be obtained from:

NHS 111
NHS Choices online

 111
www.nhs.uk

MTW NHS Trust is committed to making its patient information accessible in a range of languages and formats. If you need this leaflet in another language or format please ask one of your clinical care team or the Patient Advice and Liaison Service (PALS). We will do our best to arrange this.

Maidstone and Tunbridge Wells NHS Trust welcomes all forms of feedback from our service users. If the standard of service you have received from the Trust does not meet your expectations, we want to hear from you. Please speak with the ward manager or the nurse in charge in the first instance, or you can contact the **Patient Advice and Liaison Service (PALS)** on:

Telephone:  01622 224960 or  01892 632953

Email: mtw-tr.palsoffice@nhs.net

or visit their office at either Maidstone or Tunbridge Wells Hospital between 9.00am and 5.00pm, Monday to Friday.

You can be confident that your care will not be affected by highlighting any areas of concern or making a complaint. The Trust will retain a record of your contact, which is held separately to any medical records. If you are acting on behalf of a patient, we may need to obtain the patient's consent in order to protect patient confidentiality. More information on PALS or making a complaint can be found on the Trust's website: www.mtw.nhs.uk or pick up a leaflet from main reception.

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