

Your child's surgery to separate joined fingers or toes (syndactyly)

This leaflet is about your child's surgery to separate fingers or toes that are joined together. It explains what you should do before your child's procedure, on the day of the procedure and when you return home.

Your child's condition and procedure

Why does my child need surgery to separate their joined fingers or toes?

Your child is having this procedure to treat a medical condition called syndactyly. This happens when a baby's fingers or toes (digits) do not separate in the early stages of pregnancy. As a result, your child is born with 2 or more fingers or toes that are joined together.

The aim of the procedure is to separate your child's joined fingers or toes and close the skin. This should make it easier for your child to use their hands or improve the appearance of their fingers or toes.

Are there any other treatment options to this procedure?

The only way that we can separate your child's joined fingers or toes is to do surgery under a general anaesthetic. This is a medicine to make your child sleep during the procedure.

If your child has joined fingers, the procedure is intended to make it easier for them to use their hands. However, if your child has joined toes, the procedure is mainly for cosmetic reasons (to improve their appearance). The surgeon explains the aims of the procedure and you can then make an informed decision.

Before your child's procedure

What needs to happen before my child's procedure?

We need to see your child at a pre-admission clinic. This clinic may take place face to face or online. We make sure that your child is ready for an anaesthetic and surgery. After the pre-admission clinic, our admissions team contacts you by letter, text message or phone. We offer you a date for your child's procedure.

Your child should not eat for 6 hours before the procedure. They can drink water until they arrive at the Evelina London children's day surgery unit. We give you more guidance about this (fasting instructions).

Do I need to get pain medicine ready for my child?

Please make sure that you have a week's supply of paracetamol (a painkiller) and ibuprofen (an anti-inflammatory medicine) at home before the procedure. We do not routinely give these medicines to take home for your child after day surgery.

You can buy paracetamol and ibuprofen from a pharmacy, supermarket or shop. Paracetamol for children may also be called Calpol®. Ibuprofen for children may also be called Calprofen® or

Nurofen®. You need the type of medicine that you would give your child if they were unwell with a cold or ear ache. If your child cannot take paracetamol or ibuprofen for any reason, please speak to their healthcare team about other options.

On the day of the procedure

When you arrive at the children's day surgery unit

We give you a time to arrive at the Evelina London children's day surgery unit. It is important that you arrive at the correct time and have followed the fasting instructions for your child. If you arrive late or have not followed the fasting instructions, we may not be able to do the procedure.

You and your child meet the surgical and anaesthetic teams on the admissions ward before the procedure. We confirm that you have given your permission (consent) for the procedure. You can ask us any questions that you may have.

During the procedure

We give your child a general anaesthetic. This is a medicine that makes your child sleep and stops them feeling any pain during the procedure. You can stay with your child until they are asleep. Please see our separate leaflet called "Your child's general anaesthetic" for details.

We can only operate on one side of a finger or toe at a time. This is because we need to avoid damaging its blood supply. If several fingers or toes are affected on the same hand or foot, your child will need more than one procedure.

When your child is asleep, the surgeon releases the joined fingers or toes from their webbing of soft tissue. They then make a new web space with flaps of skin from the sides of the fingers or toes. This involves:

- using a series of zig zag cuts to create the flaps
- covering the inner areas of the fingers or toes, where they were previously joined together

In most cases, the surgeon needs to use a skin graft. We take skin from one area of your child's body and use it to help cover their newly separated fingers or toes. Usually, we take the skin for the graft from the groin area. This means that any scarring is not very visible where the skin creases. The grafted skin might be a different colour to the surrounding skin.

The procedure lasts about 3 hours.

Are there any risks to my child's procedure?

Every procedure has some risks of complications. To reduce these risks, we make sure that your child is well at the time of the procedure. We talk to you about the risks in the clinic and before the procedure when we confirm that we have your consent.

The specific risks of this procedure are:

- infection
- bleeding
- failure of a skin graft
- loss of skin
- unevenly shaped or sized fingers or toes
- nerve injury or loss of blood supply to a finger or toe (this is very rare)
- the original problem returning (your child may then need a second procedure)

Any infection is usually minor and can be treated with antibiotics that your child swallows. If the skin graft fails, this might affect the time that the wounds take to heal and any scarring. Your child might need another procedure when they are older if the scarring is poor.

After your child's procedure

How will my child look and feel after their procedure?

Your child may feel drowsy after their surgery and sleep for a while. They may be restless (agitated) and upset for up to an hour after waking up from the procedure. Some children may have pain and feel or be sick (vomit), but this is not common.

During the procedure, we may give your child painkillers, fluids, anti-sickness medicines and a local anaesthetic. The local anaesthetic is medicine that makes the area around the wound numb.

Your child's hand or foot is covered with a large bandage to protect the skin graft.

Will my child be in pain after their procedure?

Your child usually has a local anaesthetic medicine during their procedure. This medicine gives them pain relief for several hours after they wake up.

When your child is awake, we may give them paracetamol, ibuprofen or both medicines. You can continue to give your child these medicines as needed when they are at home. The nurses can guide you when the next amount (dose) of pain medicine is due.

When can my child eat and drink or feed after their procedure?

Your child should be able to eat and drink or feed as usual within 1 to 2 hours of the procedure.

Do we see the surgeon after my child's procedure?

Yes, the surgeon comes to check your child after their procedure. They update you about the surgery and answer any questions that you may have.

When can my child go home?

Your child can go home on the same day as their procedure when they:

- feel comfortable
- can manage (tolerate) their usual food and drink
- are not feeling sick (nausea) or being sick (vomiting)
- are behaving as they usually do

Please supervise your child carefully on the journey home. According to the sudden infant death syndrome (SIDS) guidelines, it is best to avoid long car journeys for babies under 1 year of age. If you travel home by car, it is important that:

- you stop for frequent breaks to feed your baby and change their position
- an adult sits with the baby in the back of the car

After you go home

How do I care for my child's wound after their procedure?

After the procedure, the surgeon or a member of their team gives you specific instructions about your child's wound and dressings. They explain how to look after your child's wound while it heals and what follow-up care you can expect.

Please keep the bandage covering your child's hand or foot clean and dry until you see a nurse in a dressing clinic. This is about 7 to 10 days after the procedure. If possible, try to keep your child's arm or leg raised at home on some pillows to reduce any swelling and oozing.

You need to take your child to a dressing clinic about once a week for 4 weeks. While your child wears the bandage, you can put a large rubber glove over the area to protect it during washing. You can contact the plastic surgery team for advice if the bandage gets wet or falls off by accident. Please see the contact details at the end of this leaflet.

Your child can have a bath or shower as normal when their wound has completely healed. This is usually within 4 to 5 weeks, but the nurse can give you more guidance.

When your child's wound has healed completely, you need to massage the area and put moisturising cream on it. This helps to soften the scar tissue. The nurse can explain when to start doing that and what products to use.

How can I manage my child's pain after their procedure?

If your child appears to be in any pain at home, we recommend giving them paracetamol and ibuprofen. Please remember to buy these medicines before the day of your child's procedure. It is also important to make sure that your child drinks plenty of fluids.

It is safe to give the 2 medicines at the same time, ideally with food. This is easier to plan and the medicines work in different ways. You can give your child:

- 1 recommended amount (dose) of paracetamol every 4 to 6 hours and no more than 4 doses in 24 hours
- 1 dose of ibuprofen every 6 to 8 hours and no more than 3 doses in 24 hours

You may find the following chart helpful to keep track of your child's medicines.

Home medicine chart for parents

Medicine	Time to give	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Paracetamol								
Ibuprofen								

Do I need to look for any symptoms after my child's procedure?

Contact a GP or the plastic surgery team if you feel that your child is unwell, or you notice:

- bleeding
- signs of infection, such as pain, severe swelling, hardening or thickening of the skin, redness that spreads on the skin, a bad smell from the wound and leaking yellow-green liquid called pus or watery fluid
- a high temperature (fever)
- your child is not eating or drinking well

On white skin, the area around the wound can appear red if it is infected. On brown or black skin, the area can appear red or purple but it may be more difficult to notice the redness. An infected wound site may feel warm or hot to touch on any skin colour. If you are very concerned or notice these symptoms outside of working hours (Monday to Friday, 9am to 5pm), call 999 or go to A&E.

Do you see my child again after their procedure?

Your child usually sees their consultant or another member of the plastic surgery team about 6 to 8 weeks after their procedure. We may give you a date for a follow-up appointment while you are still in the children's day surgery unit. It is most likely that you will get a phone call from our team in the next few days.

We might need to monitor your child regularly as they grow. This helps us to decide if they need another procedure.

Contact us

If you **cannot keep your appointment**, contact our admissions team, **phone** 020 7188 9098, **email** gst-tr.paediatricadmissions@nhs.net

If your child has a **cough, cold or high temperature** in the 2 weeks before the procedure, contact our pre-assessment team, **phone** 020 7188 7188 extension 58209

If you have any **concerns during working hours (Monday to Friday, 9am to 5pm)** about your child's surgery, call the paediatric plastic surgery clinical nurse specialist, **phone** 07747 204 489

If you have any **concerns outside working hours (Monday to Friday, 5pm to 9am or at the weekend)** about your child's surgery, contact the on-call plastic surgery doctor through the main switchboard, **phone** 020 7188 7188 and ask for bleep 0155

If you have any **concerns from 24 hours after surgery** about your child's health, contact your child's specialist surgical team or GP surgery, or **phone** NHS 111

If you are concerned that your child is **seriously unwell** at any time, go to your nearest A&E or **phone** 999

For more information on conditions, procedures, treatments and services offered at our hospitals, please visit **web** www.evelinalondon.nhs.uk/leaflets



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