

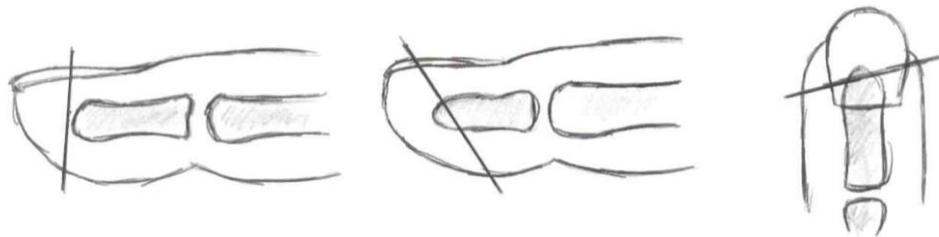
Composite Graft to an Amputated Tip of Finger/Toe

This leaflet explains more about an amputated tip of a finger or toe and how it can be managed, including the benefits, risks and any alternatives.

If you have any further questions, please speak to a doctor or nurse caring for you.

What is a composite graft?

A composite graft is when the amputated tip is stitched back on to the finger/toe. The amputated part will include the skin and the soft tissue from the end of the finger or toe. A small piece of bone and the nail may have been amputated in the accident as well. The amputated part is stitched back onto the end of the finger or toe to help cover any exposed bone and to preserve the length of the finger/toe. The nail is not reattached. Due to the small nature of the blood vessels and nerves that run to the tip of the finger/toe, the surgeon is often unable to attach the ends back together.



Are there any alternatives?

Depending on the level of amputation, your child's injury may be managed with regular dressings or they may need a short operation to repair the tip of their finger/toe.

Sometimes if only a small amount of the skin and soft tissue has been amputated we can manage this conservatively by applying dressings that encourage the fingertip/toe to heal.

When will surgery be recommended?

If a more significant part of the tip has been amputated and the part is available and has been stored correctly, then the surgical team may try to reattach the tip to the finger/toe as a **composite graft**. This is carried out under general anaesthetic and the anaesthetist will speak with you and your child before the operation and answer any questions you may have.

What will happen during the operation?

During the operation, the surgeon will reattach the amputated part to the end of the finger or toe. The amputated part will be cleaned and stitched back onto the digit, covering any exposed bone and trying to preserve the length of the digit. Dissolvable stitches will be used.

The aim of reattaching the amputated part is that a blood supply to the tip of the finger/toe will be re-established although there is no guarantee this will be a success.

What are the risks?

All operations carry a small risk. This will be discussed with you by the surgeon and anaesthetist. Possible risks with this operation are:

- Failure of the composite graft – due to the level of amputation and the very small blood vessels, there is a chance the reattached part may not regain its blood supply and therefore the tissue may die. This may result in your child needing another operation to remove the failed graft. Alternatively, the failed graft may be left in place to act as a biological dressing to protect the soft tissue underneath. The failed graft will separate over time once the tissue underneath has healed. This may take a few weeks or months.
- Altered sensation to the tip of the finger/toe – due to the size of the nerves that go to the tip of the finger/toe, it is usually impossible for the surgeon to reattach the ends during the operation. Often these can regenerate by themselves but your child may always have an area of altered sensation at the tip of the finger/toe
- Pain after the procedure – to help prevent this, your child will have had local anaesthetic injected into the wound, even if they had a general anaesthetic, to try to make the area as painless as possible when they wake up. Regular pain relief over the first couple of days will also help.
- Infection – the aim of the surgery is to reduce the chance of infection but there is always a risk. Your child should complete the course of the antibiotics.
- Bleeding – it is quite common for there to be a small amount of bleeding after the operation. If the dressing becomes soaked with blood, please seek medical advice or go to your nearest emergency department (ED or A&E).
- Abnormal nail growth or no nail growth – the nail may not grow at all, may grow in pieces or may grow with ridges or marks on. It takes between four and six months for a nail to grow and by the third nail growth cycle you would normally be able to see how the final nail will look. Depending on the level of amputation there may have been damage to the area from which the nail grows, resulting in no nail growth at all.
- Finger stiffness – this is rare.

Asking for your consent

It is important that you feel involved in decisions about your child's care. For some treatments, you will be asked to sign a consent form to say that you agree for your child to have the treatment and understand what it involves. You can withdraw your consent at any time, even if you have said 'yes' previously. If you would like more details about our consent process, please ask for a copy of our policy.

Will my child have any pain?

Your child will have had local anaesthetic injected into the wound to try to make the area as painless as possible after the operation.

This will normally last a few hours and it is important your child has some oral pain relief before the local anaesthetic wears off completely.

It is recommended you give your child painkillers such as paracetamol and ibuprofen at regular intervals for one to two days after the surgery. If you need any advice about this, please speak to your doctor or GP or call the medicines information patient helpline on 020 8725 1033.

You can also reduce pain and any swelling by keeping your child's hand elevated as much as possible. Your child won't be sent home with a sling though, as we want them to use their fingers and hand as much as possible.

What do I need to do after my child comes home?

It is important that you encourage your child to rest for the first few days after their operation, to try to stop them knocking or banging the wound and causing bleeding and more pain.

It is very important that the dressing stays dry and as clean as possible until your child is reviewed in the paediatric dressing clinic. Wet dressings can delay healing and increase the risk of infection. Cover the dressing with a plastic bag to help protect it from splashing, and don't let your child submerge it. If the dressing gets wet, please contact the ward from which your child was discharged or go to the emergency department (ED or A&E) at St George's Hospital so it can be replaced.

If the ends of the bandage start to become loose stick them down with tape.

If the bandage is slipping off, don't pull it back up, as this may cause friction to the wound. If the dressing comes off, please contact the ward from which your child was discharged or go to the emergency department (ED or A&E) at St George's Hospital so a new one can be put on.

While the dressing is in place, don't let your child do any activities involving sand and grit or where the wound could get knocked or banged.

It is important to look out for any signs of infection in the wound, which can be hard while the dressing is on. If your child develops any of the following symptoms, please seek medical advice straight away:

- an increase in pain
- feeling unwell in themselves
- an offensive smell or redness under the dressing.

What follow up will my child have?

You will be given an appointment for your child to have their dressing removed and their wound checked by a nurse one to two weeks after surgery. This will be in the Dragon Centre at the paediatric plastic surgery dressing clinic.

The nurse will see if the wound has healed enough for your child to no longer need a dressing and be able to get the area wet.

If the wound is not fully healed, your child will have another dressing put on and you will be informed when your child needs to come back to the dressing clinic.

The composite graft may look blue and bruised or black when the dressing is first removed. This is a sign that the superficial part of the skin of the composite graft has not survived. This is often nothing to worry about, as it will act as a 'biological' dressing protecting the soft tissue underneath. To protect the tip and to keep the area dry another dressing may be applied.

How long will it take to fully heal?

It may take a number of weeks or months for the tip to fully heal and during this time the tip will need to be protected from getting bumped and knocked.

Your child will be seen by the doctors in the outpatient clinic and followed up until the finger/toe is fully healed.

Contact us

If you have any questions or concerns about your child's composite graft or dressing, please contact the ward from which s/he was discharged:

Nicholls ward on 020 8725 3389 or 020 8725 2098

Freddie Hewitt ward on 020 8725 2074

Pinckney ward on 020 8725 2082

Jungle ward, (Monday to Friday, 7.30am to 8pm) on 020 8725 2034.

You can also contact the paediatric plastic surgery clinical nurse specialist on 020 8725 2656 and leave a message on the answerphone. If your query/concern is urgent please don't leave a message but contact the ward you were discharged from

Out of hours, please contact the on call plastic surgery senior house officer via the hospital switchboard 020 8672 1255

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

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough wings (near the lift foyer).

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

Web: www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

Tel: 111

AccessAble

You can download accessibility guides for all of our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



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