Nail Trauma

- Most common dominant hand, ring and middle fingers
- Goals of management
  - Maintain finger length
  - Achieve good tissue coverage
  - Early functional recovery
  - Near normal sensitivity
- Nail bed injuries
  - Usually associated with subungual hematoma
  - Trephination recommended
    - Hematomas >25%
    - Pain
    - Elevation of nail causing separation from nail bed

Fingertip Trauma/Amputation

- Most common amputation of upper extremity
- Distal fragment can be reattached or prepare for injury to heal by secondary intention
- Goals of management
  - Preserve finger length
  - Preserve distal fragment if possible
- Reimplantation necessary for:
  - Multiple digits
  - Amputation in a child
  - Thumb and mid-palmar amputation

Key Lessons

- Clinical practice: leave nail in place if proximal portion intact
- Apply a finger tourniquet to create a bloodless field
- May apply dermabond to nail to try and hold together if lacerated
- Trephinate nail if concern that hematoma may develop
- Apply non-adhesive dressing to finger
- Instructions should include that nail may not grow back
- If bone protrudes past soft tissue, need to rongeur bone back to below level of soft tissue to allow for healing and granulation
- Distal fragment: wrap in saline soaked gauze and place in bag, then place in ice-filled bag (do not place distal fragment DIRECTLY on ice)
- Recommend antibiotics and tetanus booster to prevent infection

Other Useful Sources:
