



Additional little fingers

Your child has been referred to Great Ormond Street Hospital (GOSH) because he or she has been born with an additional finger (or the remains of one) on one or both hands next to the little finger. This information sheet explains about additional little fingers and how they can be corrected. The medical term for this is 'ulnar polydactyly'.

Why does my child have an additional little finger?

The condition ulnar polydactyly or having an additional little finger on one or both hands is very common, especially in certain ethnic groups. Usually it is inherited, with a 50 per cent or 1 in 2 chance of it happening. At other times, it happens spontaneously, without anyone else in the family being previously affected.

When your child has an additional little finger, there is a 50 per cent or 1 in 2 chance of his or her children also being born with one.

Can it cause any problems?

Sometimes the extra finger is well formed, but more commonly it has a narrow base or stalk and is floppy. The place where the extra finger joins the hand might be bony or it could just be a soft stalk.

If the extra finger has a narrow stalk, it can twist, cutting off the blood supply so it turns blue or black. The extra finger has a nerve supply so it will be painful if this happens. We advise that where the extra finger has a narrow stalk you tape the extra finger to the little finger next to it to stop it twisting.



How can the extra little finger be corrected?

Traditionally, these extra little fingers were 'tied off' after birth so that the blood supply was cut off and the finger eventually died and fell off. At GOSH, we do not recommend this for a variety of reasons. Firstly, this can be very painful as the extra finger has a nerve supply. Secondly, if the tie slips the extra little finger can bleed a great deal as there is a large blood vessel supplying it. Thirdly, this method can lead to infection and lastly, it leaves an unsightly bump that can be painful in later life as the nerve is trapped within it.

The Hand Surgery team at GOSH recommends that the extra little finger(s) be removed in a short operation. This type of operation may not be offered by your local hospital.

If your child is older than three months, we

recommend that the operation is carried out under a general anaesthetic, as he or she is likely to be very lively and unable to stay still. If this is the case, we will book a clinic appointment to discuss the operation further. Children under three months of age appear to cope better with a local anaesthetic, which only makes the operation area numb. They seem less upset with a local anaesthetic and find it no more upsetting than their usual immunisations. Sometimes they sleep through the procedure. We recommend correction under a local anaesthetic as the safest method, as long as your child and his or her extra finger is suitable for treatment in this way.

Are there any risks?

Local anaesthetic is the safest way of carrying out the operation and the risks are much less likely than with a general anaesthetic. For more information about general anaesthetics, please visit our website.

Bleeding is a risk with any type of operation, and with extra finger removal a small amount of oozing is normal. If there is more bleeding, applying pressure to the area is usually all that is needed to stop it. Infection is also a risk but no more than any other small cut or graze. Antibiotics are only given if the operation site becomes infected.

There will be a scar where the extra finger was removed, but this is quite small. It usually fades gradually with time, so that it is less noticeable but it will always be there.



What would happen if my child did not have the operation?

The extra little finger should not cause any problems if it is taped securely to the next finger as explained above. However, most parents ask for the extra finger to be removed, as it can lead to unwanted attention for their child as they grow older.

What happens before the operation?

You and your child will need to come to the ward before the operation so that the surgeon can assess your child, make sure that this operation is suitable and that he or she is fit and well. In most cases, the assessment will be fine and your child will have surgery later that day. If your child is not suitable or well enough, we will explain why and make another appointment for further assessment in the outpatient clinic.

As your child is having the operation under a **local anaesthetic**, we would prefer you to feed him or her immediately beforehand if you are breastfeeding so your child is sleepy during the operation. If you are bottle feeding, we would prefer you not to give a bottle, as we can give him or her a feed during the operation.

You will be able to accompany your child to the anaesthetic room but will need to leave when the operation takes place.

What does the operation involve?

Once the anaesthetic has started to work, the surgeon will remove the extra finger, stopping its blood supply. She will stitch the operation site closed and cover it with a light dressing. The operation lasts around 30 minutes to remove one extra finger and around 45 minutes if an extra finger needs to be removed from both hands.

What happens afterwards?

The anaesthetic will gradually wear off some hours later. When we are happy that your child has recovered, you will be able to go home.

When you get home...

- Once the local anaesthetic wears off, your child might be uncomfortable but you can give pain relief medicines, such as paracetamol syrup, at home following the dosage instructions on the bottle. Most children only need a dose on the evening of surgery.
- Keep the operation site dry and covered with the light dressing for one week. If the operation site becomes wet, dab it dry gently and put on a sticking plaster.
- Make an appointment with your family doctor (GP) after five to seven days so that he or she or the practice nurse can check the operation site is healing well. If your GP has any questions, please ask him or her to call us.
- If your child shows any signs of infection, such as redness, a high temperature or is generally unwell, ask your family doctor (GP) for a check up as soon as possible as a course of antibiotics might be needed.
- All the stitches used are dissolvable and will begin to rub off in around two weeks. The light dressing can be gently peeled off after a week or so.
- After two weeks, if the operation site has healed, you can massage the scar with unscented moisturiser twice a day until the scar has faded. This could take two months or more.

If your child has a problem with the thumb-side of his or her hand, or the description given does not seem to apply to your child, please contact the Plastic and Reconstructive Surgery secretary on the number at the end of this information sheet to arrange further assessment. If after reading this information sheet, you do not want your child to have any treatment, please contact us to cancel the appointment as soon as possible so we can offer it to another child.

If you have any questions, please telephone the ward from which your child was discharged

Unless there is any other abnormality of your child's hand then we usually do not arrange to see him or her again. Please contact the secretary or the ward if you have any concerns.

Useful numbers

Plastic and Reconstructive Surgery:
Secretary
020 7405 9200 ext 5222
Clinical Nurse Specialists
020 7405 9200 ext 5057
Peter Pan Ward (out-of-hours)
020 7829 8825

Post-operative assessment questionnaire – additional little fingers

Your child recently had a surgical procedure to remove an additional little finger.

We would like to know whether you were happy with their care.

Please fill in this questionnaire so that we can continue to improve the services we provide.

Did you feel you were given enough information before the operation? Yes No

Did you feel any information was missing? Yes No

If yes, what? _____

Were you satisfied with the care your child was given on the day of surgery? Yes No

If no, how could we improve? _____

Did your child have any problems with healing? Yes No

Did your child develop any infection in the wound? Yes No

If yes, did your child need antibiotics? Yes No

Has your child developed a lumpy scar? Yes No

Are you satisfied with the surgical result? Yes No

If no, what do you find unsatisfactory? _____

Do you feel that your child needs to be reviewed again in clinic? Yes No

What did you feel was particularly good about this service? _____

How could we improve this service further? _____

Thank you for your help and your time