



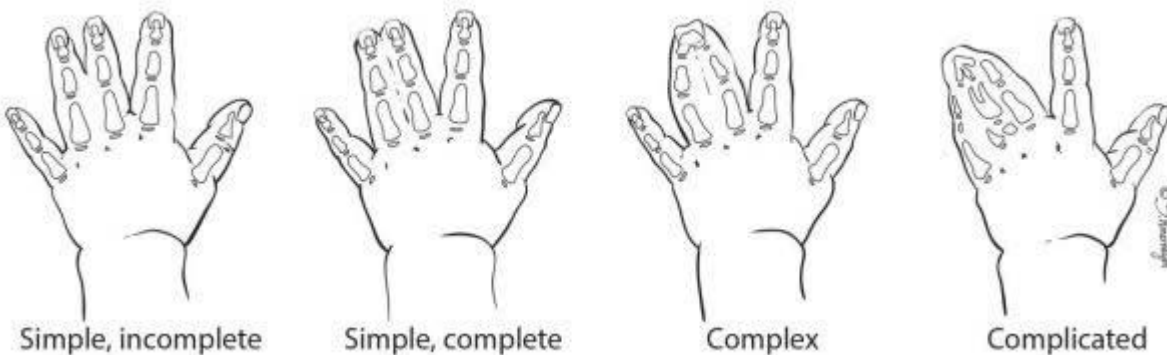
Shohada Educational & Treatment Hospital

## Syndactyly

Syndactyly (sin DAK tuh lee) is a congenital condition (can run in families) in which the fingers or toes are webbed or joined together. Simple syndactyly occurs when the fingers are connected by skin only. Complex and complicated syndactyly involve both bone and skin connections between the fingers. Syndactyly can be either incomplete (only part of the fingers are webbed) or complete (webbing extends all the way to the nails).

Syndactyly is present in about 1 in 2500 births. Males are more likely to be affected than females. Complex or complicated syndactyly can be associated with syndromes such as Apert or Poland syndrome.

In about half of children with syndactyly, both hands are affected. This usually happens between the middle and ring fingers. Syndactyly can limit function because the involved digits cannot move independently. Although feet and toes may also be affected by syndactyly, there are generally no functional concerns with webbing of the toes.



## **Diagnosis**

Your child's provider may order an x-ray to assess the bones and help decide how to best treat your child's syndactyly.

## **Treatment**

The surgery that is recommended for your child depends on the type of syndactyly. The goal is to make the hand more functional.

- To separate the webbing, different techniques including a skin graft or skin substitute may be used if needed.
- In cases of complex and complicated syndactyly, several surgeries may be required to provide the best function.
- Occasionally pins may need to be placed in the bone temporarily (for 4 to 5 weeks) for complex and complicated syndactyly.

During your consultation, your child's provider will discuss a care plan that best treats your child's syndactyly, including the ideal timing of the surgery.

## **What to Expect After Surgery**

- Your child will have a cast after surgery for 2 to 5 weeks to help protect the surgical site. The cast is not waterproof.
- The amount of time the cast is in place may differ by the type of syndactyly.
- At your child's follow-up clinic visit the cast will be removed. If your child has pins in place, they will also be removed at this time. Your child can resume baths or showers after the cast and pins are removed.

Throughout this process we will work to keep your child comfortable. It is normal to have some scabs and stitches visible. You will be shown techniques to maintain the separation of the fingers and minimize scarring. This may include a hand therapy appointment to help with healing.

Encourage your child to continue normal age-appropriate play activities. Once the surgical incisions are healed, do not limit your child's use of their hands. This can cause the fingers to become stiff and increase the chance of scarring.

## **When to Call Your Child's Doctor**

- Fever greater than 101.4 F with no other symptoms
- Odor, redness, or drainage from the cast or surgical site
- If the cast becomes wet

### **Reference:**

<https://www.nationwidechildrens.org>