

# A SIMPLE TECHNIQUE FOR APPLYING LOCAL SPLINTAGE TO THE FINGERS

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**We report a simple method of splinting the interphalangeal joints that we have employed as our standard technique without complication.**

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There are many occasions in hand surgery when a light-weight or temporary splint is required for immobilization of an interphalangeal joint. We describe a cheap, low profile, light weight method of splintage using the Adaptic dressing (Johnson and Johnson Medical Ltd, Gargrave, Skipton, UK) and plaster of Paris or fibre-glass splinting material.

## TECHNIQUE (FIG 1)

At the end of the procedure the wound is closed and the first non-adherent layer of the Adaptic dressing is turned down. The second layer of the Adaptic dressing is then rolled down over the finger. A suitable length of plaster of Paris or fibre-glass splint is then cut, depending upon

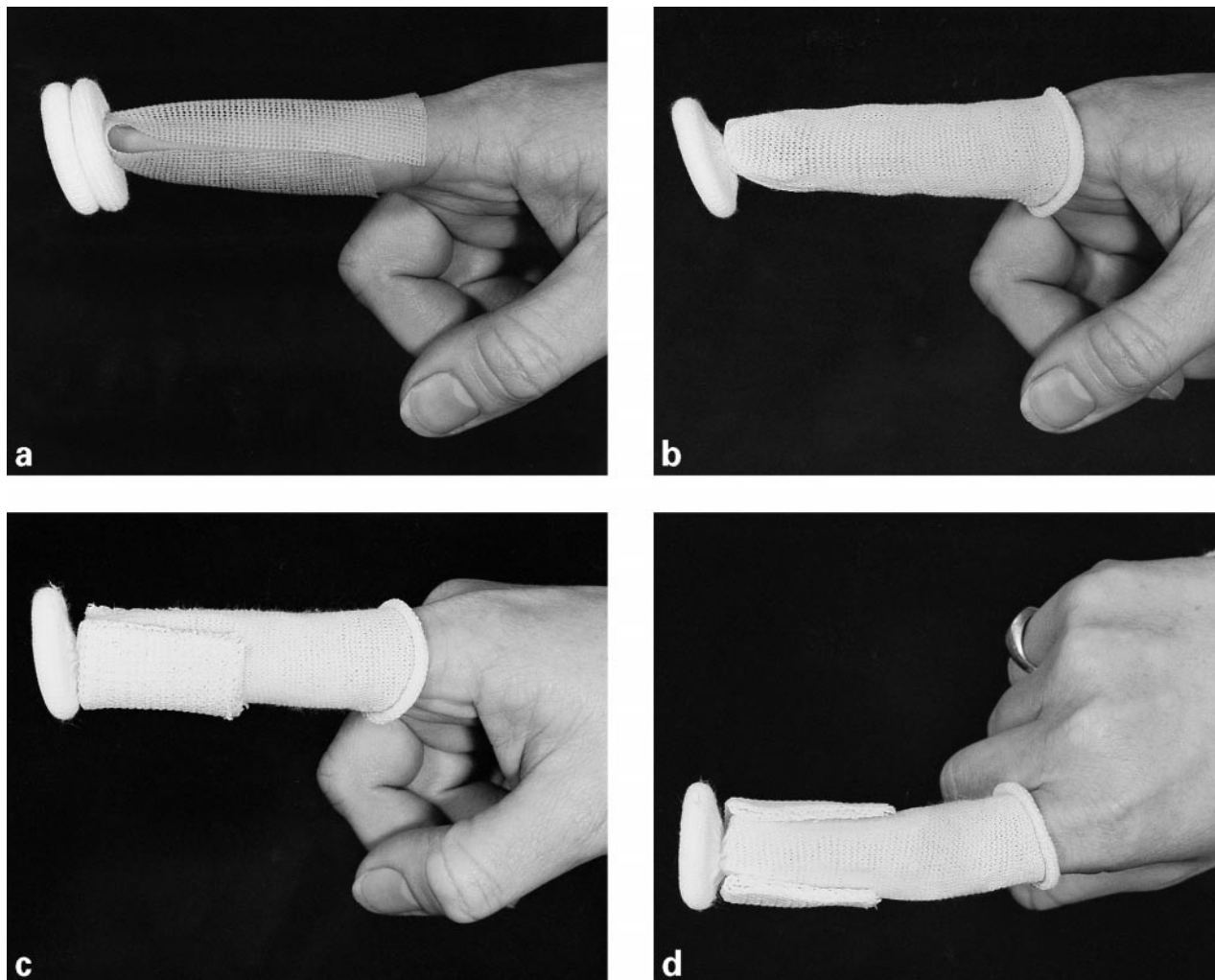


Fig 1 (a) The non-adherent strip is turned down to cover the wound. (b) The first layer of cotton tubing is rolled down. (c) The splinting material is cut to the desired length, wetted, and applied. (d) The “gutter” should not be circumferential, to allow for finger swelling.

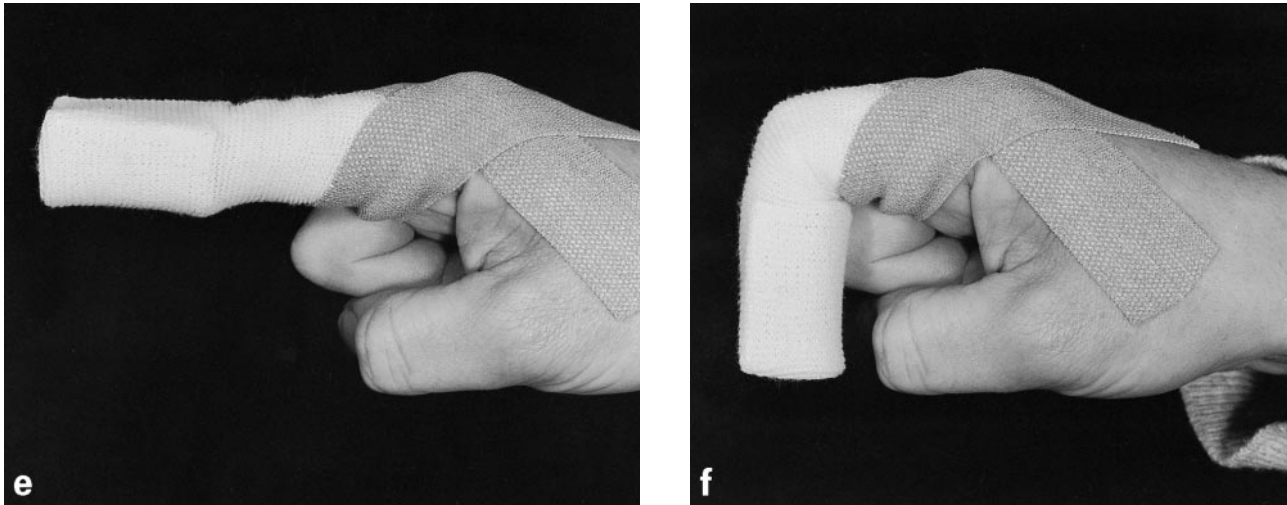


Fig 1 (e) The completed dressing is taped in place at the base. (f) Because of the light weight low profile design, finger exercises are easily done.

the site of splintage. We have found that five layers of plaster or three layers of fibre-glass are adequate in most patients. The splint is then moistened and applied so that it forms a U-shaped gutter around not more than two-thirds of the finger circumference to allow for swelling. The third layer of the Adaptic dressing is then rolled down to form a “sandwich” of dressing and splint. This is then held in position until the splint material has set and the proximal end of the dressing taped in the usual way. The whole “sandwich” becomes a single unit as the plaster or resin bonds with the cotton dressing. Splints can be applied on the dorsal, palmar or lateral aspects of the finger with equal ease, and the length can be altered to include one, or both, of the interphalangeal joints. Clinical experience has shown

that the splints are comfortable, stable and durable, and because of the design, exercising the non-splinted joints is easy. The exothermic reaction during hardening of the splint material is not sufficient to cause pain or tissue damage and the dressing does not adhere to the underlying finger. Removal is simple: the non-splinted portion of the dressing is simply cut longitudinally and the dressing and splint come away from the finger.

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