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Finger abduction splint: For the release of contracture and skin grafting

Sir,

The graft fixation and its stability are a difficult problem after releasing the contracture of the fingers. Various methods have been suggested, but most of them are found to be cumbersome. The authors have designed this device by modifying thin plastic band (commonly used as a hair band). Drill holes are made in a hair band at a gap of about one centimeter with the help of a dental micro motor. Thus, the curved plastic band with multiple holes has been labelled by the authors as 'finger abduction split'. This hair band splint can be used in the following ways: For using the hair band as a splint, dress hooks can be glued on the finger nails with the help of cyanoacrylate glue, if they are intact. The dress hooks can be fastened to the hair band at an appropriate distance for the abduction of fingers, using 2/0 nylon or prolene [Figure 1a and b]. If the severely deformed fingers are to be splinted with the help of K-wires, the ends of the K-wire can be passed through the holes in a hair band at an appropriate distance so as to keep the fingers in abducted position [Figure 1c]. Proper abduction of the fingers facilitates the application of the skin graft on the raw areas, and it also helps in holding the graft in position to 'take' until maturation. The operative work is facilitated on both sides of the hand as the visibility is awesome. Thus, placement of the skin graft on the web space of the fingers becomes very easy. Here, this splint minimises the need of an extra assistant.

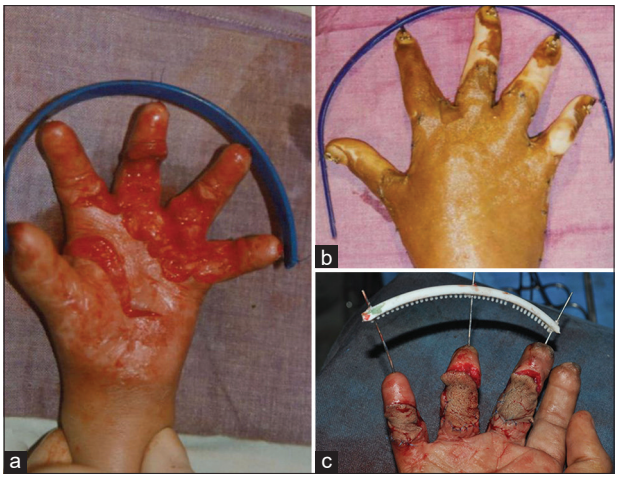

Figure 1: (a) The splint fixed to the finger nails and contracture released, (b) the finger abduction splint fixed to the dress hooks which are glued to the finger nails. The split thickness skin graft applied to the dorsum of the hand and base of the fingers, (c) released contracture with K-wire and splint in position. Thick split thickness skin graft applied on fingers

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Conflicts of interest

There are no conflicts of interest.

Shruti Devendra, Devendra Kumar Gupta

Plastic Surgery Unit, Devendra Hospital and Yuva Cosmetic Clinic, Bareilly, Uttar Pradesh, India

Address for correspondence:
Dr. Devendra Kumar Gupta,
Devendra Hospital and Yuva Cosmetic Clinic,
55, Prabhat Nagar, Bareilly - 243 122, Uttar Pradesh, India.
E-mail: dr.dkgupt@gmail.com

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