Polydactyly

Polydactyly (polly DAK tuh lee) refers to extra fingers or toes (digits) that are present at birth (See pictures 1 and 2). Your child’s extra finger can be made up of one or more of the following:

- skin and soft tissue
- skin, soft tissue and bone
- skin, soft tissue and bone with joint, ligament, and tendon

If your child has an extra finger, it may occur in any of three places on his hand:

- the small finger side
- the thumb side, also called thumb duplication
- the middle of the hand

Polydactyly usually is genetic (runs in families). This condition happens to boys and girls equally. Among ethnic groups there are differences in how often the extra finger is on the small finger or thumb side of the hand. Most children with polydactyly are otherwise healthy.
About polydactyly

In the past, small extra digits used to be “tied off.” This is no longer done because it causes pain for your child and will often leave a “bump.” An extra finger or toe still has a nerve, vein, and artery. When the extra digit is tied off, the body tries to regrow the nerve.

If this happens, a small bump can form where the extra digit was tied off. This is called a neuroma (noo ROW muh) (Picture 3). A neuroma can cause pain and a “stinging” sensation (similar to what you feel when your foot falls asleep).

It is best to have the extra toes or fingers surgically removed. If the extra digit is on the hand, the surgery is usually done before a child enters school since he or she will be using the hands more in school. If the extra digit is on the foot, surgery to remove it is done before your child starts to walk.

When to call the doctor before surgery

Call your child’s doctor if the extra finger or toe gets twisted and starts to turn blue or black. This sometimes will happen and means it may likely fall off on its own. Your child may experience some pain with this and will need some oral pain medicines.

Tests

Your child’s doctor may order an x-ray of the extra digit to help decide how to treat the polydactyly.

Surgery

- Usually this procedure is done as an outpatient surgery. The child does not usually spend the night in the hospital.
- The surgery staff will call you the day before the procedure to give you instructions about what your child can eat and drink and tell you what time to arrive for surgery.
- Your child will have stitches to close the incision. Special glue will be put over the stitches. The stitches will dissolve and do not need to be removed.
- If your child has complex polydactyly, more extensive surgery is done (See pictures 4 and 5, page 3). Complex polydactyly has a bone, tendon, and ligament in the extra digit. Your child may need a surgical pin in the hand or foot and may have to wear a cast (see Helping Hand HH-II-2, Cast and Splint Care).
Care after surgery

Simple polydactyly

- Usually children with simple polydactyly have minimal pain. If they have mild pain they may take Tylenol or Motrin.
- The incision can get wet the next day. Your child should avoid soaking it under water and swimming for 2 weeks after surgery.
- The glue and stitches fall off within 2 to 4 weeks after surgery.
- Your child's doctor and staff will teach you how to take care of the scar. (See Helping Hand HH-IV-132, Scar Management).

For this procedure, your doctor will discuss with you the option of coming to the office for a postoperative visit or having one of our nurses call you to check on how your child is doing after surgery.

Complex polydactyly

- Your child may go home with a pin in place to help hold the bones together as they heal.
- Your child may have to wear a cast (see Helping Hand HH-II-2, Cast and Splint Care) to protect the site and help the bones heal.
- The doctor may prescribe pain medicine for a short period right after your child’s surgery.
- The pin stays in place or the cast stays on until the doctor sees your child in follow-up clinic.
- The doctor may order x-rays of the finger or toe to make sure it is healed before removing the pin or cast.

When to call the doctor after surgery

- Fever higher than 101°F with no other causes
- Green or yellow drainage from the incision site
- The incision pops open
- Your child cannot keep down any fluids after surgery
- A lot of pain that is not relieved by pain medicines