Royal Cornwall Hospitals
NHS Trust

Syndactyly (webbed fingers)

One + all | we care

What is syndactyly?

Syndactyly is a term used to describe adjacent fingers that are fused together (webbed fingers). The fingers may be joined right up to the tip (complete) or only part way (incomplete) and the fusion may involve skin only (simple) or in more complex cases bone and nail as well. In some cases (called acrosyndactyly), there is a fusion right to the tip but with a small window between the fingers at the base. The condition affects around 1 in every 2500 babies.

Why has my child got syndactyly?

In many cases of syndactyly, there is a family tendency for the condition and the child has inherited a particular gene. In other cases the syndactyly is part of a genetic condition and your child may be sent for genetic testing. In the remainder of cases the condition is spontaneous.

What causes it?

As the hands form during development, they start out paddle-shaped before splits appear, separating the fingers. If these splits fail to occur, the fingers will remain fused together at birth.

Is there anything else wrong with my child?

Your paediatrician and surgeon will decide if any further tests need to be done for your child to rule out other abnormalities or conditions.

Does it hurt?

No, this is not a painful condition.

Will my child be able to use their hand normally?

Children are very good at adapting to what is normal for them and will likely use their hand fairly normally, especially when they are still very young. Following surgery, they will continue to use their hand as before and it will look more normal.

How is it treated?

Often an X-ray is needed first to assess whether the bone is involved or abnormal in the finger. For very mild cases of syndactyly, no treatment is

necessary, but in most cases surgery is needed to separate the fingers. This is to allow the fingers to grow independently to the correct length, so that your child can use their hand more effectively and it looks more normal.

Surgery involves carefully splitting the skin between the fingers and separating out the important nerves, blood vessels and tendons to each finger. Sometimes bone and nail must also be separated. Where there is a shortage of skin, a graft of your child's own skin is used, usually from the groin area or upper arm where the scar would be hidden. Dissolving sutures (stitches) are used and a bulky bandage covers the hand.

The surgery is done as a day case under a light general anaesthetic. If more than two fingers are fused, they will be separated one at a time at different surgeries. This avoids complications related to the skin coverage and blood supply of the fingers.

Further surgery may be needed as your child grows if the web-space begins to re-fuse (known as 'web creep').

Why might surgery be delayed after birth?

Ideally, more complex surgery is performed a few months after birth when your baby is bigger, making both the technical aspects of operating and anaesthetising your child easier and safer. We also like to get your child's hand back to normal as soon as possible so that they learn to use it properly.
The balance between these factors is weighed for each individual child and their family. In the case of syndactyly, surgery is often performed between the ages of 1-2 years.

How should I explain this condition to family and friends?

You can give them a copy of this leaflet and tell them that syndactyly is a common congenital hand condition that is dealt with early in life. Here in Cornwall we have a team of 3 specialist Hand Surgeons who have had training to treat this condition.

Any questions?

Please contact one of the hand surgeons via the secretary on 01872 253438.

If you would like this leaflet in large print, braille, audio version or in another language, please contact the General Office on 01872 252690

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