

Injuries/Reconstruction

The field of hand surgery was conceived initially to deal with wartime hand injuries. The concept was simple. Instead of calling an orthopedist for the bone repair, a general surgeon for blood vessel repair, a neurosurgeon for nerve repair, and a plastic surgeon for the skin and soft tissues, why not train a surgeon in all these areas of expertise as they relate to the upper extremity...a **HAND SURGEON**.

reconstruction and the best functional result. There is no substitute for the experience of a trained hand/microvascular surgeon. Unfortunately, there is no guarantee that a person going to an emergency room with a hand injury will be treated by or even referred to a hand surgeon.

proper office or emergency room and ensure that your injury is cared for by one of our highly trained hand surgeons.

Although this is preferable, certainly we treat many patients who have undergone procedures elsewhere and come to us later in the course of treatment for reconstruction. While we much prefer to be involved in the care of a hand injury from the outset, we will gladly perform necessary reconstructive procedures at any point in the treatment.

The Hand Center maintains a hand surgeon on call 24 hours a day. We recommend simply keeping our phone number handy and calling us initially if possible. We will be happy to guide you to the

In depth knowledge of all these tissues and their harmonious interdependence and balance is essential if one hopes to obtain the best possible

Replantation



Mutilating injury with finger amputation



Amputated finger



Microsurgically reattached finger

Cross-finger pedicle flap



Avulsion injury with soft tissue reconstruction pre-op



Cross-finger pedicle flap reconstruction



Volar view cross-finger pedicle flap



Tissue is constructed after cross-finger flap. Compare to pre-op above.



Excellent cosmetic results following flap reconstruction

Broken finger



Severe fracture in a concert violinist



Rigid internal screw fixation of fracture allowing for early range of motion

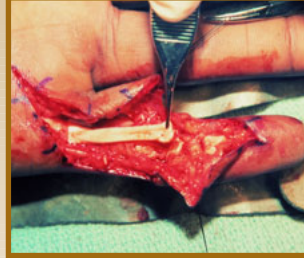


Full extension after only three weeks



Full flexion, this violinist played in his concert four weeks after surgery

Tendon injury



Transected flexor tendon



Tendon repair

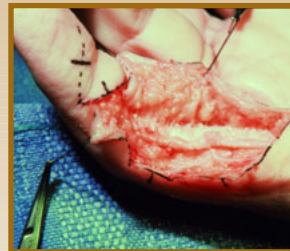


Full flexion following tendon repair

Nerve reconstruction



Laceration with injury to digital nerve, untreated initially



Neuroma in continuity



Resected neuroma, microsurgical reconstruction with interposition nerve graft