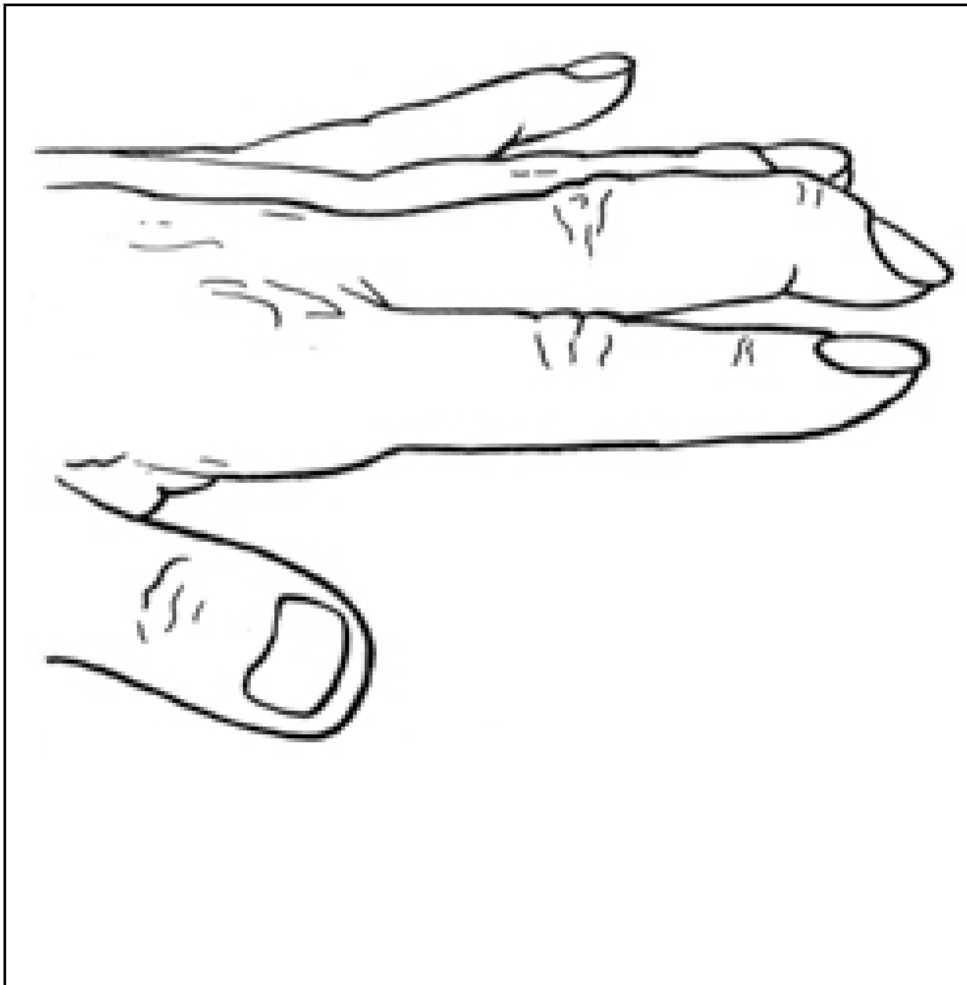


## Patient information

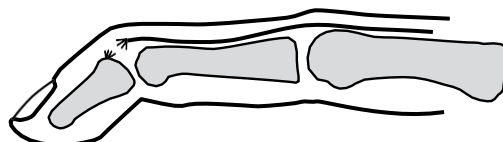
### Mallet Finger



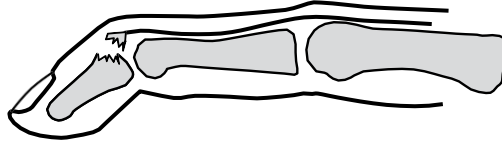
This information leaflet is for people who have had a mallet finger injury. It describes the injury, symptoms and treatment.

#### What is Mallet Finger

A mallet finger is where the end joint of the finger bends towards the palm and cannot be straightened. This is usually caused by an injury to the end of the finger which has torn the tendon that straightens the finger.



Sometimes a flake of bone may have been pulled off from where the tendon should be attached to the end bone. An X-ray will show whether this has happened.



In either case, without the use of this tendon the end of your finger will remain bent.

### What are the Symptoms?

- pain
- swelling
- inability to straighten the tip of your finger

### How is it Treated?

Your finger will be placed in a plastic splint to keep it straight. The end joint will be slightly over extended (bent backwards). The splint must be worn both day and night for 6 to 8 weeks. This allows the two ends of the torn tendon or bone to stay together and heal.

The splint will be taped on, allowing you to bend the middle joint of your finger.



The splint should only be removed for cleaning (see below). Although you can still use your finger, you should keep your hand elevated (raised) in a sling for most of the time, until the doctor sees you in the outpatient clinic. This will help to reduce any swelling and pain.

Where there is bony involvement, then you will be referred to fracture clinic for follow up

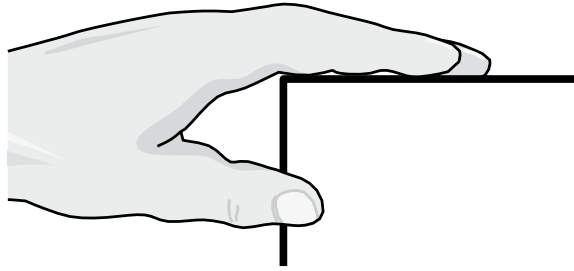
### Pain relief

You can take painkillers such as paracetamol and ibuprofen. These can be purchased over the counter at many shops and chemists. We recommend that you take them regularly and at the same time, as they work well together to help relieve pain. Always read the instructions included with the medicines carefully and never exceed the recommended dosage.

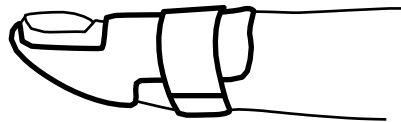
### How to keep your finger and splint clean

Your splinted finger must be kept clean and dry at all times. If the skin becomes wet inside the splint it will become very sore. It is important to wash both your finger and the splint at least once a day.

- Keeping your finger flat on the table cut the strapping off the splint and slide the splint off your finger.



- Wash and dry your finger and the splint thoroughly using soap and water. Keep the end joint straight at all times by keeping your finger flat on the table. You may find it easier if someone helps you to do this each day, as any movement of the tip of your finger will delay healing of the bone or tendon and may even cause permanent damage.
- Slide the splint back over your fingertip, still keeping your finger straight.
- Replace the strapping, which should cover the middle of the splint and but not the middle joint of your finger, allowing it to bend freely.



### Exercise

You should avoid heavy gripping or lifting activities until you reach the end of your splinting period and have been advised by your Doctor or Hand Therapist.

With the splint in the correct position you should still be able to bend your finger at the middle joint. To prevent this joint from becoming stiff you should do this 10 times every day.

### Problems you may encounter

- As the swelling in your finger goes down the splint can become loose.
- The swelling may increase making the splint too small.
- You may have problems getting the splint on and off.
- The splint may rub and become uncomfortable.
- Your skin may become damp and soft and eventually break down or become sore.

If any of these problems occur please mention it at your follow-up appointment or contact your GP.

### Other formats

If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department. Tel: 0300 131 4500  
Email: [esh-tr.AccessibleInformation@nhs.net](mailto:esh-tr.AccessibleInformation@nhs.net)

After reading this information are there any questions you would like to ask? Please list below and ask your nurse, practitioner or doctor.

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### Reference

The following clinicians have been consulted and agreed this patient information:

Dr Danielle Vidler – Consultant and Clinical lead Emergency Department CQ

Mr Utham Shanker – Consultant and Clinical lead Emergency Department EDGH

The directorate group that has agreed this patient information leaflet:

URGENT CARE

Next review date: December 2027

Responsible clinician/author: Emergency Department Consultants

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