

Syndactyly - Surgical Correction of the Fingers

Prior Approval

Before consideration of referral for management in secondary care, please review advice on the Remedy website (www.remedy.bnssg.icb.nhs.uk/) or consider use of advice and guidance services where available

The ICB will agree to fund surgical intervention for syndactyly where the following criteria have been met:

Funding approval will be provided by the ICB where the patient is suffering from:

1. Type 4 or Type 5: Haas-type Polysyndactyly of either one or both hands.

AND

2. Permanently flexed fingers and/or a cup shaped hand due to Polysyndactyly.

For surgical correction of syndactyly affecting the toes, please submit an Exceptionality Funding Request Form. Syndactyly of toes is not routinely commissioned.

For more guidance please see <https://remedy.bnssg.icb.nhs.uk/>

BRAN

For any health- related decision, it is important to consider “BRAN” which stands for:

- **B**enefits
- **R**isks
- **A**lternatives
- **D**o **N**othing

Benefits

- Separate fused digits
- Create a normal web space
- Improve function of the hand

Risks

- Infection is a risk with any surgery. Sometimes a low grade infection can threaten skin grafts.
- Skin grafts and flaps may not survive after surgery. This complication is very rare.
- Web creep is perhaps the most notable risk. Web creep is scarring in the commissure between the fingers that lead to a partial "recurrence" of syndactyly.
- About 1 out of 3 children will need a second surgery. For some types of syndactyly, that number is higher.

Alternatives

- Surgery is the only option to separate the digits.
- Occasionally, some children could manage without treatment.

Do Nothing

Remember, you always have the option to do nothing. Doing nothing is an equally reasonable option to doing something. Sometimes “not yet” is a good enough answer until you gather more information.

Syndactyly - Surgical Correction of the Fingers – Plain Language Summary

Syndactyly (webbed toes or fingers)

Syndactyly means 'joined digits' and may involve webbing of the skin, or include fusion of the underlying bones. This may be along part or the whole length of the finger. Hand development occurs in the early stages of pregnancy and the fingers separate in the ninth week. Syndactyly happens when two or more fingers fail to completely separate during development.

Syndactyly is thought to occur about once in every 2000 to 2500 births and is twice as common in males (National Center for Biotechnology Information , 2005).

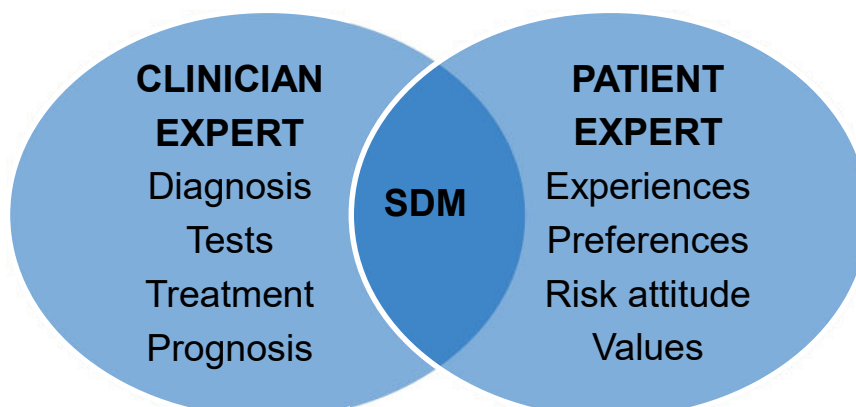
Sometimes syndactyly occurs by chance or it may be inherited. In rare circumstances, it may occur along with other signs as part of a syndrome (collection of signs). Syndactyly can occur unilaterally (on one hand only) or bilaterally (affecting both hands), and can affect two or more fingers. Occasionally it may be associated with extra digits or other abnormalities in the hands.

Syndactyly can also affect the toes, involving webbing of the skin or fusion of the underlying bones along part or the whole length of the toe. The condition usually does not interfere with limb function but does cause cosmetic concern for patients or their parents.

Shared Decision Making

If a person fulfils the criteria for Syndactyly - Surgical Correction of the Fingers it is important to have a partnership approach between the person and the clinician.

Shared Decision Making (SDM) is the meeting of minds of two types of experts:



It puts people at the centre of decisions about their own treatment and care and respects what is unique about them. It means that people receiving care and clinicians delivering care can understand what is important to the other person.

The person and their clinician may find it helpful to use 'Ask 3 Questions':

1. What are my options? (see sections above)
2. What are the pros and cons of each option for **me**?
3. How can I make sure that I have made the right decision?

This policy has been developed with the aid of the following:

1. National Health Service (2019) Health A to Z: Cosmetic Procedures [online] www.nhs.uk/conditions
2. NHS England (2019) NHSE EBI Document www.england.nhs.uk
3. National Library of Medicine (2005) Webbed Fingers [online] (1200697) www.pubmed.ncbi.nlm.nih.gov
4. The British Society for Surgery of the Hand (2022) Congenital Hand Conditions [online] www.bssh.ac.uk

Due regard

In carrying out their functions, the Bristol North Somerset and South Gloucestershire Commissioning Policy Review Group (CPRG) are committed to having due regard to the Public Sector Equality Duty (PSED). This applies to all the activities for which the ICBs are responsible, including policy development and review.

Document Control

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Governance

Commissioning policies are assessed for their likely level of impact on BNSSG ICB and the population for which it is responsible. This determines the appropriate level of sign off. The below described the approval route for each score category.

Policy Category	Approval By
Level 1	Commissioning Policy Review Group.
Level 2	Chief Medical Officer, or Chief Nursing Officer, or System Executive Group Chair
Level 3	ICB Board

OPCS Procedure codes

Must have any of (primary only):

X213, X214, X215, X216

Support

If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Customer Services Team on: **0117 900 2655** or **0800 073 0907** or email them on BNSSG.customerservice@nhs.net.