What is syndactyly?
Syndactyly means that your child has been born with a webbed hand or conjoined fingers. It affects both hands (bilateral) about half of the time. It most often occurs between the middle and ring fingers.

What causes syndactyly?
During normal development before a baby is born, the hand forms in the shape of a paddle, and later splits into separate fingers. This happens very early, around weeks 6 through 8 of pregnancy. Syndactyly happens if 1 or more fingers do not separate during this time.

It often runs in families. In about 10–40% of children, the condition occurs as an inherited trait. And in some cases, it is part of genetic syndrome, such as Poland syndrome, Apert syndrome or Holt-Oram syndrome.

What are the types of syndactyly?

Simple syndactyly means that fingers are joined by skin and soft tissue only.

Complex syndactyly means that underlying bones are also joined together.

Complicated syndactyly means that there are extra bones and abnormal tendon and/or ligament development.
How is syndactyly treated?
Syndactyly is treated by surgically separating the joined fingers. The skin is split evenly between the 2 fingers, but there is usually not enough skin to cover the fingers once they are separated, so skin grafts or a skin substitute may be needed. Skin grafts to cover the newly separated fingers are usually taken from the elbow or wrist crease to minimize scarring. Only 1 side of a finger is separated at a time in order to avoid complications. For this reason, if your child has several fingers involved, they will need more than 1 surgery.

Your child will probably have this operation when they are between 1-2 years old.

What happens after surgery?
Your child will wear an above-elbow cast or bandage for 2-3 weeks to keep their hand still and to protect the healing skin. Once the cast comes off, they will wear a splint that keeps the fingers apart for 6 weeks.

Your child’s doctor may recommend occupational therapy to help with scarring, stiffness and swelling and to improve function.

As children grow after surgery, some may experience “web creep.” This means that the stretching of the scar in the web space makes it look like the syndactyly has come back. If this happens, a second surgery may be needed when your child is older.

Your child should come back for regular follow-up visits to make sure their hand is healing and moving well. They may need to be seen for several years to see if more surgery is needed to improve how their hand moves and looks.