

# 2023 NEHS Annual Meeting Abstract Submission

COMPLETE

NEHS Vice President, Daniel Mastella, M.D., is currently accepting abstract submissions for presentation at our Annual Meeting on December 1, 2023.

This meeting will be held at the Sturbridge Host Hotel in Sturbridge, MA.

Therapists, NPs, and PAs are also encouraged to submit.

THE DEADLINE FOR SUBMISSION IS OCTOBER 15, 2023

RESIDENTS AND FELLOWS ONLY. Please indicate if you want your paper to be considered for the prestigious H.Kirk Watson, M.D. Founder's Award. The abstracts for award consideration will be presented in the morning and the award will be presented in the afternoon.

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## \* ABSTRACT TITLE

Definitive Revision Amputations for Traumatic Finger Injuries are Associate with a High Rate of Revision Surgery

## \* Contact Person Name

Patrick Curtin

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**\* Name of who will present abstract at NEHS meeting on December 1, 2023 Please note that the same person cannot present more than one abstract at the meeting.**

Patrick Curtin

## \* Please indicate if the presenter is:

Resident

**\* List full names of abstract authors Please note - one of the lead authors must be present at the meeting to answer questions about the paper.**

Patrick Curtin MD, Matthew Defazio MD, Max Vaickus MD, Marci Jones MD

**\* ABSTRACT - should include background information and a description of methods, programs, or practices.**

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Introduction:

Revision amputation is a common treatment in the emergency room setting for certain traumatic injuries of the fingers. There is limited data however on outcomes for these patients managed with primary revision amputation in the emergency room setting versus in the operating room. The aim of this study is to review patients with traumatic amputations of the fingers to see if there were differences in outcomes in those who underwent revision amputation in the emergency department compared to those who did not. Our secondary aim was to identify what factors predicted failure of revision amputation performed in the emergency department setting.

Material & Methods:

103 consecutive patients with traumatic amputations of the finger or fingers were identified from a single tertiary care center. All patients were evaluated by the on-call member of the hand team and staffed with a fellowship-trained hand attending. Treatment decision was made by the on-call attending. Patients treated with revision amputation in the emergency room setting were done so with the goal of definitive care and the aim to prevent need for future procedures. All patients were screened for follow-up, need for revision procedures, and injury demographics.

Results:

Of the 103 patients, 55 were treated with revision amputation in the emergency room setting with the goal of definitive treatment. 18 patients (32.7%) required surgery after revision amputation, with 7 (38.9%) requiring multiple surgeries. The most common indication for surgery was need for revision amputation and soft tissue coverage (88.9%), followed by need for additional bony fixation for underlying fractures (44.4%).

Of the 37 patients who were initially felt to be treated successfully with revision amputation in the emergency room setting, 8 were lost to follow-up (21.6%) and two (5.4%) had symptomatic neuromas. Number of fingers amputated, presence of fracture, or significant soft tissue injury were not found to be associated with failure of treatment.

Conclusions:

Attempts at definitive revision amputation in the emergency department setting can be associated with a high rate of failure and need for revision surgery. There is also a high loss to follow-up in this population which implies our recorded rates of complication and revisions may be higher than reported. Our data would suggest that for complicated injuries where wound coverage or bony fixation may be troublesome, these injuries may be better dealt with in the operating room setting.

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**Please attach files with diagrams and/or photos to support your abstract (10 MB limit)**

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**\* Please attach the abstract presenter's CV**

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