

Hand Surgery

The hand is an incredibly complex human appendage. Therefore the treatment of injuries or conditions of the hand requires specialized knowledge of its anatomy, careful assessment and diagnosis, and meticulous technique and post-op care.

Traumatic Injuries

Trauma to the hand is a common occurrence both at work and in the home. Injuries range from simple skin wounds to large crush injuries, de-gloving injuries, and amputations. In some cases seemingly insignificant skin wounds mask deeper injuries to the tendon, nerve, or vascular structures.

Immediate surgical treatment is needed in cases of devascularization, arterial injury, large contaminated wounds, severe crush injury, and open fractures. Most isolated tendon and nerve injuries can be treated more electively. In many cases our physicians will ask the referring physician to close the skin wounds and schedule elective surgery within three to ten days.

Finger tip skin avulsion injuries are often treated as open wounds and allowed to heal by secondary intent, although in some cases, replacement of tissue with a graft or local flap may be indicated.

In some cases amputations may be appropriate for attempted replantation surgery.



Elective Hand Problems

At Northland Plastic Surgery we treat a wide variety of elective hand problems and pathology. These include nerve compression syndromes, ganglion cysts, Dupuytren's contracture, and the sequelae of systemic diseases such as rheumatoid arthritis.

Other hand conditions we treat include tendon problems such as spontaneous rupture, mallet deformity, boutonniere deformity, and more.

Post-Op Therapy

Most hand surgery patients require very precise post-op hand therapy to achieve the best possible outcomes. Our relationship with, and proximity to, local therapists allows us to more effectively coordinate the patient's care directly with their own therapist.

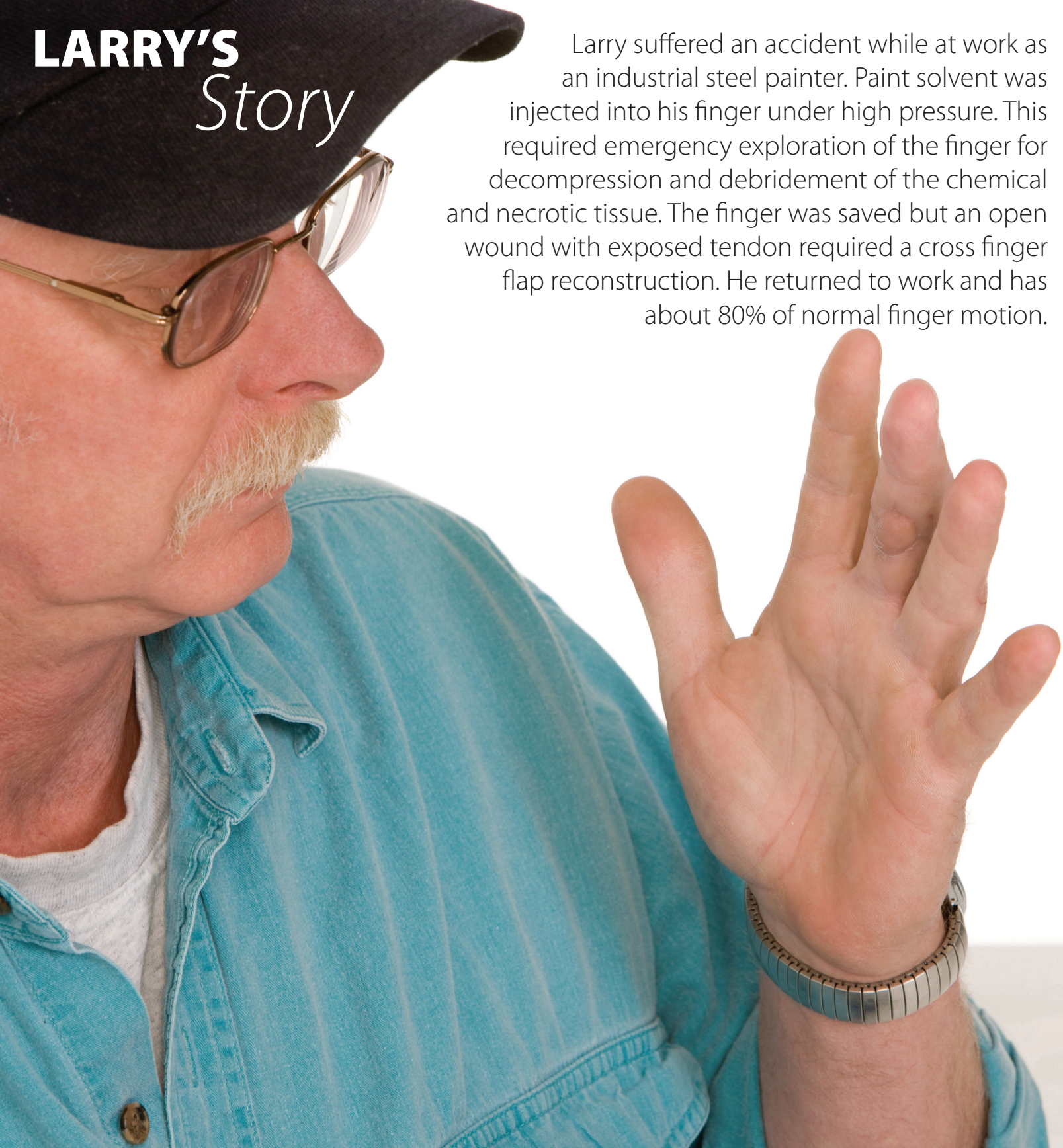


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LARRY'S *Story*

Larry suffered an accident while at work as an industrial steel painter. Paint solvent was injected into his finger under high pressure. This required emergency exploration of the finger for decompression and debridement of the chemical and necrotic tissue. The finger was saved but an open wound with exposed tendon required a cross finger flap reconstruction. He returned to work and has about 80% of normal finger motion.



"I know I wouldn't have this finger if it wasn't for Northland Plastic Surgery. If I had gone anywhere else, I know they would have amputated it. I work with a lot of guys who are walking around with missing fingers after their accidents. As bad as it was, it was a great experience there. Everyone was so patient and explained everything to me." ~ Larry