Technical Section

TECHNICAL NOTES AND TIPS

Plastering the thumb

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BACKGROUND

Many injuries and surgical procedures require the application of a plaster to stabilise the thumb. Traditionally, postoperative plastering is criticised for unsatisfactory quality. Including the thumb in any post surgical back-slab can involve the use of separate plaster slabs or extension of a single slab, therefore, only stabilising the thumb unilaterally. This may lead to a lack of true immobilisation.

TECHNIQUE

We propose a simple, quick and reproducible technique that will allow the surgeon to apply a strong and effective plaster to stabilise the thumb on both volar and dorsal surfaces. A 4-inch, 5-layer plaster strip is cut to double the length from the elbow to the metacarpal heads (Fig. 1). The centre of this slab is then cut transversely across 70% of its width, as shown. The plaster is then wet and applied hanging over the thumb. The uncut middle of the plaster resting on the thumb is then moulded. A bandage is applied (see Figs 2–4).

DISCUSSION

We feel that this plaster slab provides good stability for a range of applications, such as use in: postoperative trapeziectomy, ulnar collateral ligament repair or treatment of a Bennett's fracture. It is easy to apply, comfortable and supportive for the patient and of a sufficient consistent quality to pass scrutiny of even the most exacting plaster technician.

Figure 1 Length and cut in slab.

Figure 2 Dry slab hanging on thumb.

Figure 3 Wet application and moulding.

Figure 4 Bandaging.