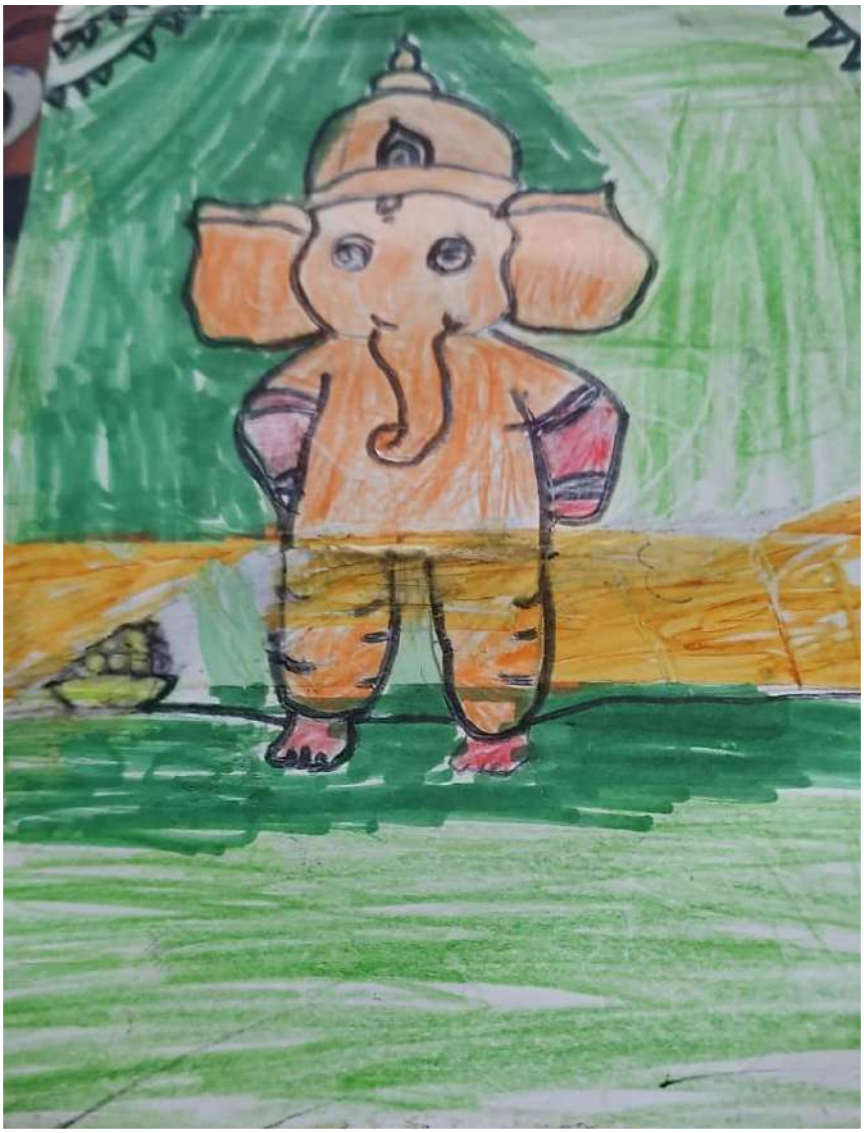
LITTLE HANDS

GANGA MEDICAL CENTRE & HOSPITALS PVT LTD

GANGA LITTLE HANDS

An Initiative of Plastic & Hand Surgery Department

Monthly Bulletin | Issue 21 | April 2026



Dedicated to Increasing Awareness, Understanding, and Early Action in Congenital Hand Conditions

LITTLE HANDS

GANGA MEDICAL CENTRE & HOSPITALS PVT LTD

GANGA LITTLE HANDS

GANGA LITTLE HANDS is an educational initiative by the Department of Plastic, Hand and Reconstructive Microsurgery and Burns of Ganga Hospital, Coimbatore, to share knowledge about Paediatric hand conditions. This is a monthly bulletin and was first started in August 2024.

It has a compilation of various hand conditions treated by us. Little Hands is for anyone and everyone. It is not for surgeons only. The technical tips, 'Did you know?, Picture Gallery, Hand vignettes, Real Life Stories and the 'Clinician's corner' might be interesting to all the readers.

Scan Me

To read all the issues of Little Hands

TABLE OF CONTENTS

Editorial

'Special but Normal'- Children with Congenital Limb Loss

Society creates special designated days or months to focus public attention, honour achievements or raise awareness of global issues. The month of April has been designated as the month for the children with limb loss and limb differences at the time of birth. The loss could be a finger, multiple fingers or the whole hand.

Children born without a hand (congenital limb loss) often adapt remarkably well, viewing their condition as their "normal" rather than a loss. While they may face challenges with two-handed tasks and experience social anxiety, many develop high functionality using their residual limb and dominant hand, leading independent lives.

One of the main adaptive strategies involve surgery and therapy, which focusses on improving functionality and aesthetics of the hand. At Ganga Hospital, we have created a team to support the children and the parents of the children. With better understanding of the anatomy of the hands of these children and keeping abreast of the surgical advances in the field, we are able to offer something good to all these children. We find it amazing and very gratifying to note what these children do with what we give.

Master S with short fused fingers in both hands

When Master S was brought to us by his parents when he was a month old, his parents thought that the whole world had caved in on them. With staged surgeries we got enough length and strength in the available fingers. Now he stands first in his class, speaks 4 languages, draws prize winning entries making his parents proud. It is the type of stories that we hear everyday in our outpatient department. Each child with congenital hand difference, stands testimony to the glory of the Human spirit.

The surgeries improved the Hand appearance and function

In this month which is designated as the month for children with congenital limb loss, we salute these little heroes. We feel blessed to be able to take care their little hands.

Dr S Raja Sabapathy
Dr Monusha Mohan
(Editors)

Clinicians' Corner

Before Referring a Child with Congenital Limb Differences

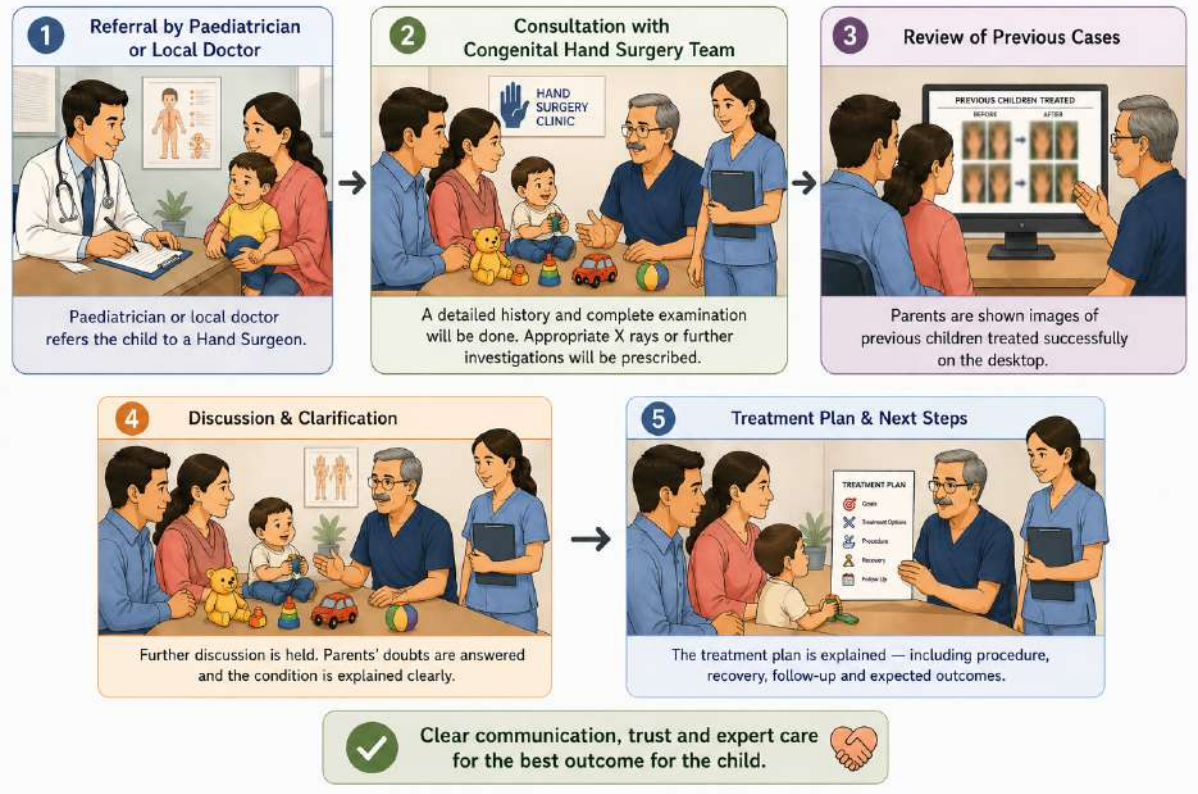
Paediatricians play an important role in the lives of children born with a different hand. They are the first doctors who examine the baby as soon as the baby is born. Little Hands was initiated with a goal to create awareness among Paediatricians about the importance of early referral.

Refer to the right specialist

If you come across a child born with a hand or foot deformity, it is your responsibility to offer the right advice so that the child gets timely appropriate care. The first step is referring the child to the right specialist. Orthopaedician or a Plastic Surgeon, trained in the field of hand surgery for a considerable amount of time. Congenital limb deformities are uncommon and some hand surgeons will have more experience in treating these birth defects than others.

The eyes don't see what the mind doesn't know!

Making an accurate diagnosis is the first essential step in treatment of these children. Hand surgeons with considerable experience in the field will be able to take the child and the parents through the proposed plan of care in the first visit. Units with good photo archives will be able to show photos and videos of similar hand presentations. Parents are often happy and relieved to know that they are not alone and seeing the long-term follow-ups give them confidence in taking a decision.



Look beyond the hand

Many of these children have anomalies in other systems that need evaluation. A centre where comprehensive care is possible is a boon for many parents. Many of our patients are evaluated and/or operated on by our Cleft lip/palate, Oral and maxillofacial surgery (OMFS), Neurosurgery, Spine Surgery, Paediatric Surgery and Paediatric Orthopaedic Surgery teams Paediatric anesthesia team backed by Cardiologists is essential for Presurgical evaluation. A good operation theatre set up with necessary equipments and instruments suited for children including new born babies, is necessary and is often overlooked.

An example of Comprehensive paediatric care. The baby was born with Constriction ring syndrome with associated Cleft lip and palate

The circumferential constriction ring in the right leg was corrected with multiple Z-plasties. The associated cleft lip/palate were also repaired under the Operation Smile Train Programme free of cost. The boy has excellent results when reviewed after five years.

Before the First visit

Kindly encourage the parents to carry the previous hospital files, imaging if done already and a reference letter (optional). The Hand Surgeon would always prefer to prescribe the imaging requests; the radiographic views and type of imaging are decided after examining the child.

Do's
- Examine the child completely and document
- Refer the child to the right specialist
- Choose a centre with expertise in the care of congenital limb deformities supported by an experienced Paediatric anesthesia team
- A referral letter may be sent

Don'ts
- Do not alarm or blame the parents
- Do not delay the treatment without referring the child to the specialist
- Do not prescribe unnecessary imaging especially radiographs
- Do not miss associated anomalies in other systems

Dear Parent,

You did nothing to cause your child's hand difference.With the right care and support, your child can achieve excellent function and confidence.

Here are a few Do's and Don'ts to guide you:

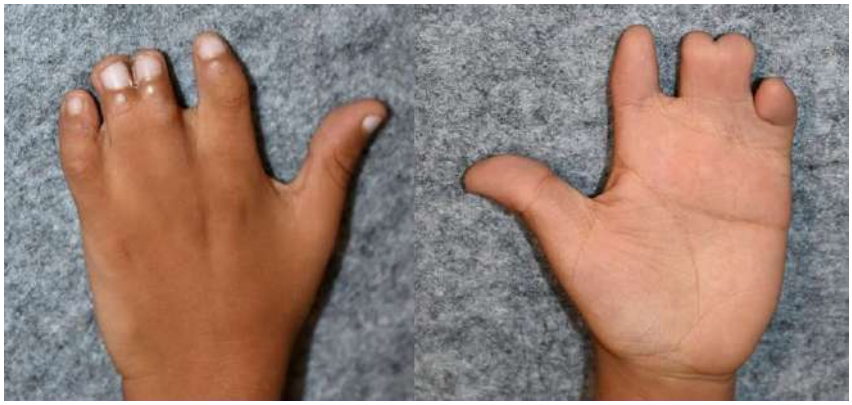
Do's
- Treat your baby like any other baby—with love, play, and encouragement
- Ensure all vaccinations are given on time
- Consult the right specialist early for accurate information and a treatment plan
- Encourage your child to use both hands naturally during play
- Seek help if you or your child experience anxiety or emotional stress
- Keep regular follow-up visits once advised

Don'ts
- Don't cover the involved hand—it is important for sensory development
- Don't delay consultation waiting for the child to "grow out of it"
- Don't undergo unnecessary investigations (especially repeated X-rays)
- Don't doctor shop and lose valuable time
- Don't ignore your child's emotional well-being

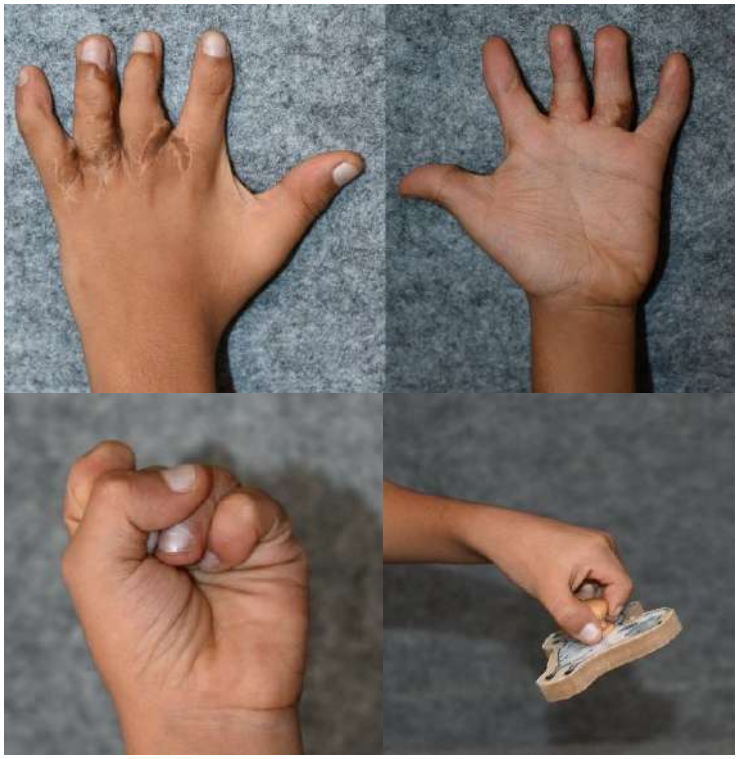
Did you know?

Syndactyly is one of the most common congenital hand differences

Syndactyly can involve webbing of fingers or toes. Separation of the fused fingers give them digital independence and improve the appearance of the hand. When the fingers are short and hypoplastic with webbing, the diagnosis is Symbrachydactyly. The separated fingers should have a good webspace with adequate coverage of the raw areas in the fingers with full thickness skin grafting. This technique reduces long term complications like scar contracture, web creep and flexion/angular deformities.



Symbrachydactyly = syndactyly + short fingers



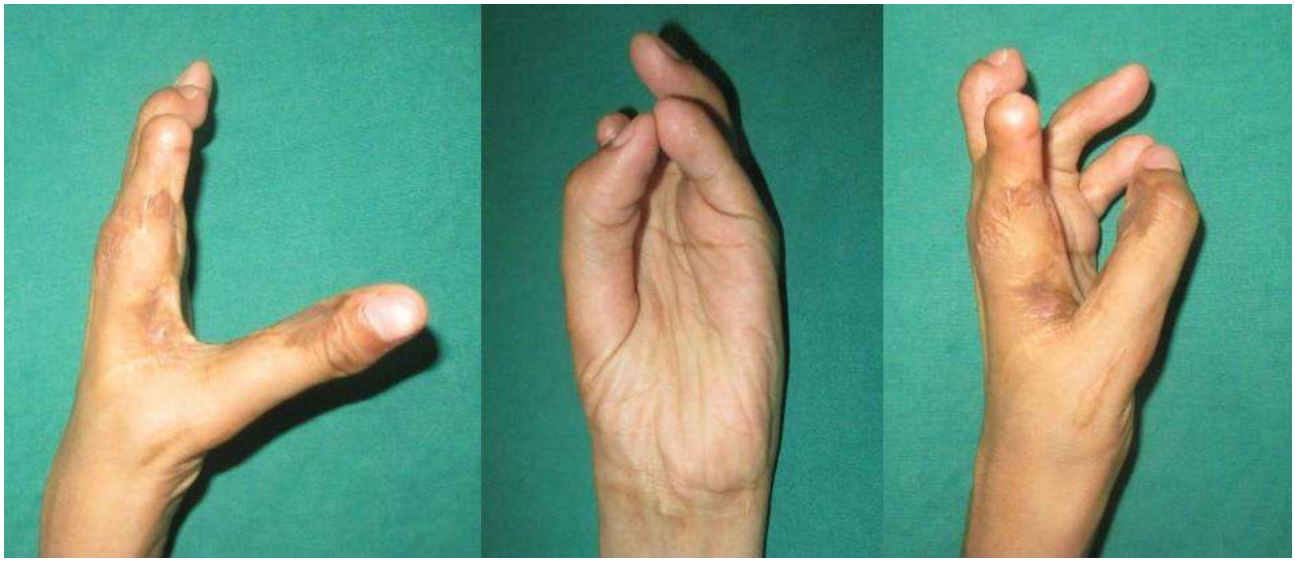
All the four fused fingers were separated in stages. The fingers are independent and look longer with better function.

Thinking beyond syndactyly surgery

Another child with Symbrachydactyly was treated elsewhere by surgery for separating the fused fingers. Still, he was unable to grasp objects due to a narrow first web. He visited us to improve his hand function.

The thumb and the other four fingers were in one plane. The left first web was extremely narrow compared to the normal right hand.

Thumb forms 40-50% of the hand function. The thumb should be perpendicular to the other four fingers with an adequate first web space so that it can meet the other fingers. The child's hand lacked this and we performed three procedures to make the thumb functional. First, we deepened the first webspace. Then we did a rotational osteotomy of the thumb metacarpal and an opponensplasty using the accessory extensor tendon of the index finger, extensor indicis proprius, to bring the thumb in functional position. A thumb that could oppose with an adequate first webspace helped the child hold big objects.



An adequate first web with thumb in good functional position. This improved the hand function many fold.

Hand Vignettes

Touch, feel, learn

Babies explore the world by touch and mouthing. The touch and taste senses develop faster than vision. Using touch, they understand texture and shape of objects. They learn about their body as well. When the baby brings the hand to the mouth, early brain connections are made and baby understands that 'this is my hand'. This gives them coordination between what they feel and how they move. This tiny repetitive task of babies lay foundation for more complex hand activities later in life.

Constantly covering the baby hands with mittens during awake hours can hamper natural exploration and sensory awareness.

Legends in Congenital Hand Surgery

FRANCES OLDHAM KELSEY

USA / 1914-2015

Landmark Contributions

- Physician-pharmacologist at the U.S. FDA who became famous for blocking approval of thalidomide in the early 1960s.
- Her skepticism and insistence on having "all the facts" before certifying the safety of thalidomide, a sleep-inducing drug for morning sickness, averted an appalling American tragedy — the birth of many malformed infants.
- Paved way for stronger drug regulation, including the 1962 Kefauver-Harris Amendments requiring proof of drug safety and efficacy before approval
- In 1962, President John F. Kennedy awarded her the President's Award for Distinguished Federal Civilian Service (often referred to as the Kennedy Medal) at the White House

Quotes

"The clinical reports were more on the nature of testimonials rather than the results of well-designed, well-executed studies"

Help us heal Little Hands | Make a donation

It is difficult to imagine what the parents experience when they find out in the labour room that their newborn baby has a congenital limb defect. The family often feels devastated as their hopes fade. Most of the limb anomalies have a surgical solution that is aimed at making the hand to function in a better way.

Globally, congenital anomalies or birth defects affect 2-3% of births. In India, 1-3 out of 100 babies born are with birth defects. Though musculoskeletal anomalies are the most common defects seen, rarely we find major initiatives aimed at managing these defects. A lot of regional and international proposals are directed at treating and supporting children with congenital heart diseases and orofacial defects like cleft lip/palate. Though isolated congenital limb defects are not life threatening like the cardiac and craniofacial anomalies, they are disabling and lower the quality of life.

You can make a tax-deductible donation today and transform the lives of these kids by giving back their childhood.

To make a donation, please write to rajahand@gmail.com

At Ganga, we have a specialized team of doctors to provide comprehensive care to these children. One of the basic surgical principles of congenital hand surgery is to correct the deformities before the child attains school going age. Often these defects are bilateral and involve multiple fingers, necessitating staged surgical procedures. We have highly experienced Paediatric anesthesia staff to support the surgical team. The associated anomalies are taken care of by our Pediatric orthopedic, spine, maxillofacial and cardiac teams. Ancillary services like physiotherapy, nutrition and speech therapy are also available.

Stay Connected

To get updates about our services for children with hand disorders, to grab the future issues of the monthly bulletin and to know what the department of Plastic, Hand and Reconstructive Microsurgery and Burns offers scan the code.

To make Donations

Account Number	:	1120115000010920
Account Name	:	Ganga Plastic Reconstructive & Microsurgery Trust
Bank Address	:	577, Oppanakara Street, Coimbatore-641001
IFSC Code	:	KVBL0001120
Swift Code	:	KVBLINBBIND

GANGA
MEDICAL CENTRE & HOSPITALS PVT LTD

313, Mettupalayam Road, Coimbatore - 641 043. India. Phone: 0422 2485000 / 4250000
Email: rajahand@gmail.com | Website: www.gangahospital.com