CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

INFORMATION & CONSENT

Drainage of a Felon

At-a-glance recovery. Pooled from 10 published studies — your own pace will vary.

LIGHT DUTIES desk work, driving, daily tasks	MOST EVERYDAY ACTIVITIES manual work, sport, gym	FINAL OUTCOME PLATEAU pain and strength
2-6 weeks	**3 months**	**6 months**
Desk work is often possible within a few days once the dressing is manageable, and most people are back to light activity within 2 to 6 weeks. The fingertip stays throbbing and pressure-sensitive for the first week or so.	Gripping, manual work and anything that loads the fingertip are usually comfortable by about 3 months. The wound itself is closed long before this — it is pulp tenderness that sets the pace.	Full pulp softness and normal fingertip sensation take up to 6 months. If the nail was lifted or removed, a fingernail takes roughly 6 months to grow out fully.

Why this operation has been suggested

Dr Kieran Hirpara, an upper-limb surgeon at Mater Private Hospital Rockhampton, starts with the least invasive options that suit your condition. Patients are generally referred to our clinic by their GP; if a physiotherapist has suggested you see us, you will still need a referral from your GP in order to be eligible for the Medicare rebate. A clinic assessment establishes the diagnosis.

A felon is a painful infection in the fingertip pad. Early cases may improve with antibiotics alone. More advanced infections require incision and drainage to remove the pus. This procedure relieves pressure and prevents permanent damage to the bone or nail. We aim for shorter healing times and complete nail regeneration. Prompt treatment is vital to avoid serious complications.

Before the operation

Please fast for seven hours before your procedure. This allows us to move your surgery forward if the list runs early. Wear comfortable clothing and arrange a lift home. Bring a list of all current medications. Your surgeon may order an X-ray, MRI, or ultrasound to plan the drainage. These imaging tests help identify the infection's

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extent. Blood tests and an anaesthetic review are not routine. If you have other medical conditions, you may need blood tests or a review with the anaesthetist. Most patients do not require these extra steps. Follow your surgeon's specific instructions regarding medication adjustments.

On the day

You present to the hospital's surgical admissions unit, where you are checked in and prepared for theatre. You meet the anaesthetist to discuss your care. This operation is done under general anaesthetic. A regional nerve block is sometimes added for post-operative pain relief — the anaesthetist will discuss this with you on the day.

You are then taken into the operating theatre, where the operation is performed. You wake up in the recovery area, where nurses monitor you while the anaesthetic wears off. Once you are stable you either go to the ward or go home, depending on the procedure and your recovery.

What the operation involves

If your infection is caught early, we may manage it with antibiotics alone. However, if the infection has advanced, you will need a procedure called incision and drainage. This is done to release the pressure and remove the infected material from the fingertip.

We make a specific cut to access the closed space at the tip of your finger. This approach is chosen because it allows for adequate drainage while minimising damage to the surrounding tissue. By targeting the distal phalanx (the bone at the very tip), we ensure the infection is cleared effectively.

During the procedure, we also perform debridement. This means we carefully clean out any damaged or dead tissue that could hinder healing. We may use irrigation to wash out the area and dilute inflammatory substances. This combination of surgical cleaning and medical management helps eradicate the cause of the infection.

Once the drainage and cleaning are complete, we close the cut. The specific technique we use allows the nail to regenerate completely over the scar. This helps ensure there is no visible scarring on the finger surface once you have healed.

Prompt treatment is vital. If left untreated, hand infections can lead to serious complications, including bone infection (osteomyelitis), which can permanently affect hand function. Our goal is to resolve the issue quickly and safely to protect your hand's long-term health.

After the operation

You will wake up in a recovery ward while the anaesthetic wears off. Your team will manage your pain using standard medications. You will have a clean dressing on your finger to protect the drainage site. We advise that someone stays with you for the first 24 hours to help you rest. Your team will tell you whether you go home the same day or stay one night in hospital. Keep your hand elevated to reduce swelling. Avoid moving the finger significantly until your surgeon advises otherwise. This rest allows the wound to begin healing without stress.

Recovery

Your finger will feel tender and swollen in the days following drainage. This is normal as your body clears the infection. We keep the area clean and protected to help it heal quickly. Adequate drainage allows the wound to close faster. As your nail grows back, it will naturally cover any small scar on your fingertip.

You will keep your hand elevated to reduce swelling. Avoid using that hand for heavy lifting or gripping until your surgeon clears you. We do not use rigid braces for this procedure. Instead, we focus on gentle movement as pain allows. Your hand therapist, Ruby Doolan at Extend Rehabilitation, will guide your exercises. She also makes any splint you need to support healing.

Once the swelling settles and you can grip without pain, you can gradually return to daily tasks. Your timeline may differ; your surgeon and therapist will guide you based on how your finger responds. Most patients find that simple pain relief is enough as the tenderness fades. If you have any concerns about your progress, please contact our team.

What can go wrong

Most patients do well, but problems can occasionally happen. Your surgeon and the team monitor you closely to spot any issue early.

Hand infections can be tricky to treat. They often cause lasting issues that do not go away quickly. You might notice that your finger stays stiff or painful for a long time. Simple painkillers may not help much. If your hand feels weak or uncoordinated weeks after treatment, tell us. We need to check if the infection has caused deeper damage to your tendons or joints.

Sometimes, infections spread rapidly and become very serious. This is rare, but it can threaten your hand or your life. Watch for signs that the infection is moving. You might see redness spreading out from the wound site. The area could become suddenly very swollen and hot. You may feel a general sense of being unwell, with fever or chills. If you notice red streaks moving up your arm, or if the pain becomes severe and throbbing, do not wait. Go to the emergency department immediately. These are signs that the infection is aggressive and needs urgent care.

We take these risks seriously. Our goal is to catch any sign of trouble before it becomes a major problem. That is why we ask you to report any changes in your symptoms right away. Early action makes a big difference in how your hand recovers.

The complications table on this page lists typical rates if you want the specifics.

When to call us

Call us if you have fever, increasing redness, or discharge from the wound. Seek urgent care for sudden severe pain, loss of sensation, or inability to move your finger. Go to emergency immediately if you develop calf

swelling or shortness of breath. These signs can indicate serious complications that need prompt assessment to protect your hand and overall health.

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COMPLICATIONS & CONSENT

Drainage of a Felon

Complication rates from published literature

Pooled from 10 published studies. These are population-level rates, not your individual risk — your surgeon will discuss what applies to you.

COMPLICATION	REPORTED RATE	NOTES
incomplete drainage or recurrence	—	The pulp is divided into small compartments by fibrous septa; pus left in an undrained compartment is the usual reason a felon fails to settle.
osteomyelitis of the distal phalanx	—	Infection tracking into the underlying bone. The main reason a felon is drained promptly rather than treated with antibiotics alone.
pulp scarring and altered sensation	—	An unstable or tender pulp scar, or lasting numbness, is more likely after a large incision or delayed treatment.
nail deformity	—	Where the infection or the incision involved the nail fold or matrix.
digital nerve injury	—	The digital nerves run close to the incision; injury is uncommon but is why the incision is placed and sized deliberately.

I have read this information and have had the opportunity to ask Dr Hirpara questions about the procedure, its expected recovery, and the complications listed above.

PATIENT — PRINT NAME _____ SIGNATURE _____ DATE _____

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