

# LITTLE HANDS

**GANGA**  
MEDICAL CENTRE & HOSPITALS PVT LTD



An Initiative of Plastic & Hand Surgery Department

Monthly Bulletin | Issue 16 | November 2025



*Each Issue, a Step Forward*

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

# 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 and the 'Clinician's corner' might be interesting to all the readers.

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## Editorial

### Building Lasting Relationships



Healthcare runs on trust. A higher level of trust is required when parents come to us for surgery for their children. Maximum apprehension about all aspects of surgery is at the time of the first consultation. The surgical team must be at their best to allay fears and build trust.

We face this situation every day and spare no effort to make it happen. Two things we have found to help us most. When the parents bring the child to the room, we spend a few minutes talking to the parents and do

nothing to the child. We do not even look at the child even though the child may be fearfully staring at us. Examination of the hand starts with we saying, ‘let us shake hands’ – right and then left. When both hands in the shaking position, there is crossing of the hands and most children start moving the hands up and down. We have invariably found this to be a good ice breaker.

For children in school who could answer, after a few words on routine things, the question which makes them fully at ease is, ‘What do you want to be when you become a big boy or girl?’ The answers could range from pilot to policeman but that allows us to continue the conversation and examine the child’s hands better. We just must make them feel that we are there to help them. The people who are most observant of the whole exercise are the parents. The confidence we build in the parents is so important since hand surgery is almost always followed up by a period of rehabilitation. Good rapport established in the initial stages ensures higher level of compliance in the post-operative period.

We feel that we are winning when parents ask us as to when they can schedule the next stage of reconstruction. In fact, we have had a few children who need multiple stages of reconstruction saying to the parents at the start of the vacation ‘Let us go to Ganga’. Leaving all these apart, the singular event which leads to the trust is good surgical outcome. We are mindful of that and do everything to make it happen.

**Dr S Raja Sabapathy**  
**Dr Monusha Mohan**  
 (Editors)

## Clinician's corner

### Tips and Tricks to Examine Children

At Ganga hospital, we believe that children are not miniature adults. They are intelligent and earning their trust is crucial. Examining a child requires not only knowledge and skill, but also patience and empathy. This section brings together simple, experience-based insights from our consultants that make the process smoother, more accurate, and enjoyable for both the surgeon and the child.

#### *The 'SRS Handshake'*

*The hand movements can be assessed by observing the child. But the moment one touches the hand, the baby or child becomes alert! They immediately jump to their parent's lap and it is difficult to get back their confidence. So, it is very important to get it right the first time.*

*Our Chief, **Dr S Raja Sabapathy**, does a trick that is reproducible. He shakes the uninvolved hand first, then he proceeds to shake the other hand. Shaking both the hands is perceived as a playful and harmless greeting by most children. While the hand is being shaken, he examines the fingers and the hand.*

#### *Crying is Good !*

*Our Senior Consultant Plastic Surgeon, **Dr Ravindra Bharathi**, along with Dr Vimala, takes care of children born with cleft lip and palate. Thousands of kids have benefitted from the Smile Train programme.*

*RB Sir says that crying is good! If the child cries, he gets a good view of the palate. He shared a useful tip- Do not take the child away from the parents while examining. If the child is sitting on the parent's lap, do not take him/her away.*

#### *The Magic Tooth Counting Trick!*

***Dr Vimala**, our Consultant, says that it's nice to talk to small kids. She says, "To gain their confidence you need to spend some time with them.*

*If I want to exam their palate, I use the technique of telling them that I want to count the number of teeth they have. Talk about the tooth fairy and what a big girl or boy they have become."*

#### *A Practical tip*

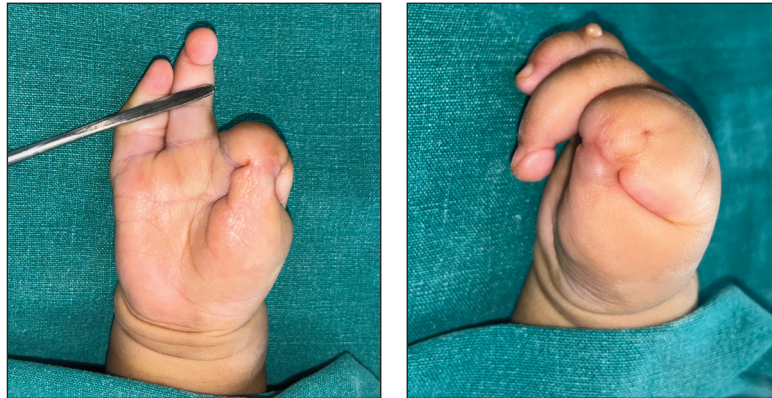
*For babies and very young children, usually absorbable sutures are placed. The older children with the non-absorbable sutures, need a lot of reassurance before the procedure. All along the process, keep talking to the child to take the mind away from the stitch removal. Once, a young boy told me, "Please stop asking about my school—I know that's your trick to distract me!" I had been chatting with him about his school, class, and favourite subjects to take his mind off the stitches.*

*One tip I follow both for children and anxious adults is to remove the loose and 'easy' sutures first. This helps to gain their confidence. Save the buried or tight sutures for the end, when the patient is already calmer and trusts you.! - **Dr Monusha Mohan***

## Did you know?

### First web syndactyly demands early release

Last month, a 5-month-old baby girl was brought to us with Constriction ring syndrome affecting all her four limbs. The right hand had short thumb, index and middle fingers with their stumps fused (acrosyndactyly).



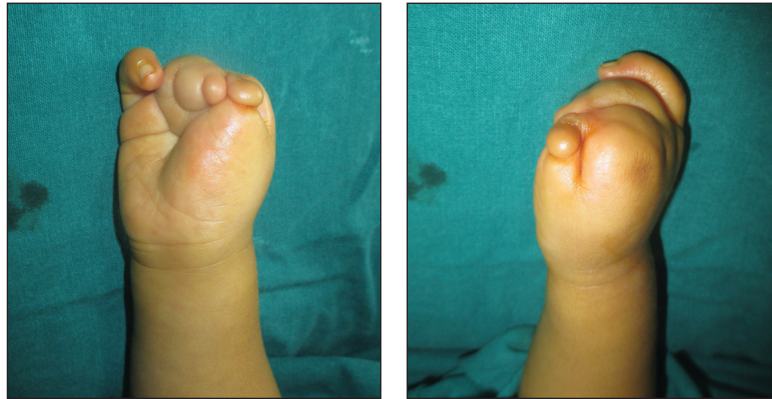
Syndactyly involving the border digits require early attention due to the difference in the length of the involved digits. First web syndactyly can lead to deviation deformities of the thumb and its growth. A growing child, grasps the rattle by 4 months and the immature grasp starts by 9 months. If we look at the developmental milestones, we will understand how important it is to have a thumb in motor development of the hand.

Age	Gross Motor	Fine Motor
2 Months	Lifts head / chest when prone	Eyes track past the midline
4 Months	Rolls front to back	Graps a rattle
6 Months	Sits with little or no support	Reaches with one hand / Transfers objects
9 Months	Pulls to stand	Developing immature pincer grasp / Bangs two objects together
12 Months	Stands / walks alone	Fine pincer grasp
15 Months	Stoops and recovers	Scribbles in imitation
18 Months	Runs well	Builds a tower of 3 cubes
24 Months	Throws ball overhead / Kicks a ball	Copies drawing a line with crayon

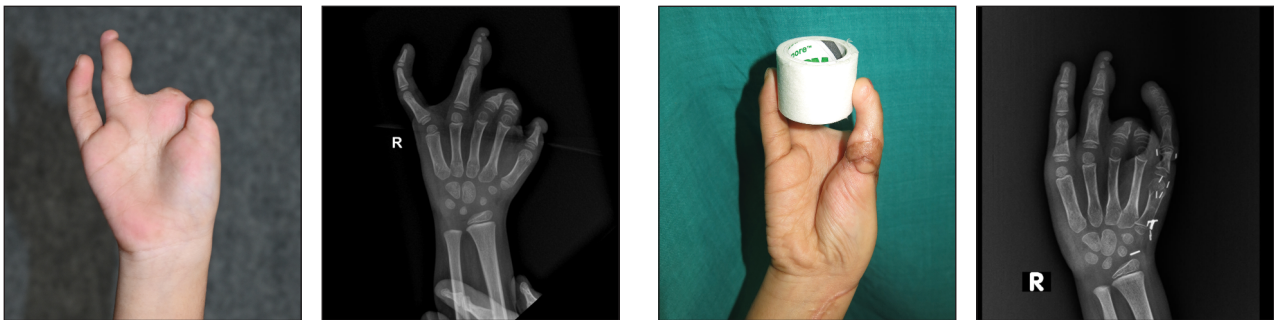


We admitted the 5-month-old baby and performed the separation of the acrosyndactyly between the thumb/index finger the next day. We will keep the child under close follow-up to assess the function. If required we will do a Z-plasty for the palmar contracture and a toe transfer for thumb reconstruction if the parents demand one or if there is functional impairment.

We would like to take you to the case details of a child with similar presentation.



*The baby girl was brought to us at 6 months of age. We admitted her and the thumb/index syndactyly was separated immediately.*



*When the child was 5 years old, we reconstructed the short thumb with a microvascular free toe transfer.*

The baby whom we operated on last month, is being kept under close follow-up. We will reassess her thumb function and decide on reconstruction when she is older.

These two similar cases of Constriction ring syndrome with thumb/index finger acrosyndactyly teach us that the thumb that was fused needs early separation. The thumb that has been kept flexed for a long time due to syndactyly, usually have a palmar contracture. It is better to release this contracture in the same surgery or later. Depending on the length of the thumb and the hand function, reconstructive options may be pursued.



*The child is happy with her new thumb. We hope that the baby who underwent separation of the thumb recently, will soon attain excellent hand function like this previous patient.*

## Hand Vignettes

### Hand movements of a hair dresser



All of us have visited a hair salon yet how many of you have noticed how the hands of a hair dresser move? I was admiring how beautifully my hair dresser was moving her fingers, recently. Finding out the occupation of your patient is an important part of history taking especially in hand surgery. Some of our patients are barbers or hair dressers.

From spraying water to holding the hair ends for trimming to holding a hair dryer, their hands are in constant motion. All these activities require good intrinsic hand function. Spraying needs good finger flexion and grip strength whereas catching the hair for cutting requires powerful finger adduction. Forearm pronation and supination are important for handling the hair.

Applying clips or holding combs need sturdy thumb-index finger pinch. Scissor use depends on good adduction and flexion of the thumb. Finally, hair drying needs painless wrist movements. Often both the hands work together and bilateral hand coordination is essential.



## Real Life Story - “Every Journey matters”

Central synpolydactyly is a complicated syndactyly where an extra digit is present within the syndactyly. This digit often articulates with the joints of the fused fingers, leading to gross deviation deformities and growth disturbances. This condition is mostly familial and the parents and grandparents who have the same defect often feel that the child should get the best possible treatment that the current world can offer.

### A Heartfelt Letter



*This real life story is that of a father and a daughter where the father born with the same hand condition, wanted his daughter’s hand deformities to be corrected surgically.*

“We are writing to express our heartfelt gratitude for the exceptional care you provided during our daughter’s hand surgery. From our first consultation, you gave us the confidence and reassurance we needed to proceed with the procedure. Your professionalism and compassionate approach made this challenging journey much easier for our family.”



“We are truly amazed by the results. Our daughter’s hand condition has significantly improved - far better than we ever expected. Watching her use her hand with greater ease and confidence brings us immense joy. It is clear that undergoing the surgery was the right decision, and we are incredibly grateful that it was performed by such a skilled and dedicated surgeon.

We deeply appreciate the time you took to explain every step of the process, address our concerns, and ensure the best possible outcome. Your expertise and meticulous care have made a lasting impact on our daughter’s life, and we cannot thank you enough for giving her this opportunity for a better future.

Thank you once again for everything you have done. We will always remain grateful for the difference you have made in her life and in ours.”

## Project Eklavya - A Joint Initiative of Rotary E Club of Metro Dynamix and Ganga Hospital



India is witnessing an epidemiological transition from communicable diseases to non-communicable diseases. According to March of Dimes report (2006), 6-7 per 100 new born babies have birth defects. When more focus is on new born survival, we fail to pay attention to the quality of life of these children born with defects. When a child with congenital hand deformities survives and grows up, it is not just their hand function that is affected, their self-esteem and emotional well-being are too deeply impacted.

### A Project for children with Congenital Hand Deformities

Musculoskeletal defects are the second most common birth defects, however initiatives to help children with hand anomalies are rare.

***Project Eklavya was launched by the Rotary E club of Metrodynamix in collaboration with Ganga Hospital, Coimbatore, on 06.07.2025.*** With this initiative, we try to fill the gaps in care and support of these children like, paucity of insurance coverage for children with birth defects, multiple limb involvement, syndromic associations that increase the financial burden, multiple stages of surgeries and post surgical rehabilitation. We had our first beneficiary last month.

### 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](mailto: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.



## Don't miss your chance to be part of the 13<sup>th</sup> World Symposium on Congenital Malformations of the Hand and Upper Limb 2026

 25<sup>th</sup> to 28<sup>th</sup> February 2026



**Ganga Hospital, Coimbatore, India.**

## *Early Bird Registration Closes Soon !*

Early Bird Deadline:  
30<sup>th</sup> November, 2025

Register now at  
[www.wcs2026.com](http://www.wcs2026.com)



## 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.



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