

## TECHNIQUE GUIDE

### Fingertip Revision Amputations



## DESIGN

SwiftKit™



Digit Revision SwiftKit™ is an all-in-one procedure kit designed to **streamline fingertip revision amputations** outside the operating room.



Optimal Rongeur  
Size For Fingertips

Biobased Polymer  
Construction

Single-use Equipment  
Sharp Every Time

Multi-tip Freer

QuikRev™ and QuikLift™ are single-patient use and can be disposed of, or recycled via the Bluewave™ recycle program at participating institutions.

Patents Pending

# PATIENT PREPARATION



## EXAMINE INJURY SITE

- ▶ Examine the injury site for debris and exposed bone
- ▶ Determine the type of fingertip injury and determine a care plan

### Note:

- ▶ Management of fingertip injuries varies by institution. Most of these injuries can be managed outside the OR, however certain patterns are more difficult and may require soft tissue rearrangement, local flaps, or grafting, which will not be covered in this technique guide. If you are unsure about a specific case, consult the on-call provider for their preference.



## INJURY CLEANING

- ▶ Soak the fingertip in a dilute betadine solution for several minutes
- ▶ Irrigate with 1-2 liters of saline to rinse the betadine and remove gross debris
- ▶ Clean the finger with chlorhexadine, or similar

### Note:

- ▶ You may decide to perform the digital block before this step. If so, clean the area with chlorhexadine, or similar, and proceed to step 3 before soaking.



## DIGITAL BLOCK

- ▶ Perform a digital block using your preferred method, such as:
  - ▶ Webspace approach
  - ▶ Metacarpal block
- ▶ Wait for numbing to take effect (at least 5 minutes) before proceeding

### Note:

- ▶ Many institutions prefer using a 50-50 mixture of 1% lidocaine without epinephrine and 0.25% bupivacaine without epinephrine. Confirm with your institution before proceeding.

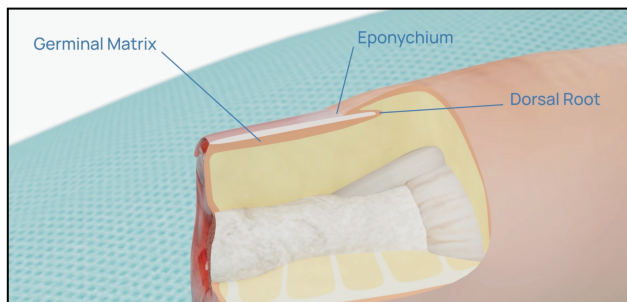




## DRAPE AND TOURNIQUET

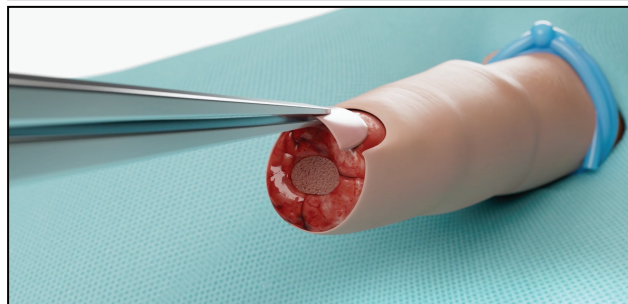
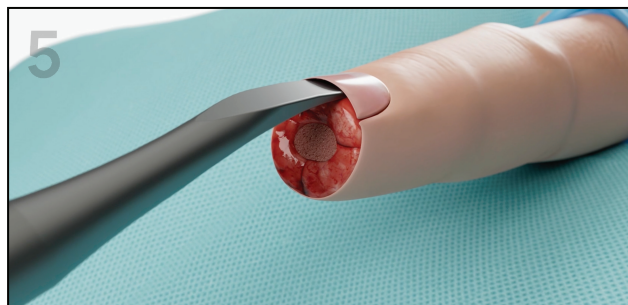
- ▶ Drape the patient's hand, ensuring the finger is exposed
- ▶ Place a tourniquet on the finger before proceeding

## NAIL REMOVAL



## NAIL REMOVAL

- ▶ Note the key underlying structure of the nail bed before removing the nail
- ▶ Use the QuikLift™ freer elevator to elevate the nail plate from the nail bed, levering gently
  - ▶ Spread underneath the nail plate and eponychium
  - ▶ Work distal to proximal
- ▶ Apply gentle longitudinal traction with a hemostat to remove the nail from the nail bed, avoiding damage to the germinal matrix
  - ▶ If healthy appearing, save the residual nail for later stenting of the eponychial fold
- ▶ If there are splits in residual nail bed, repair with simple interrupted suture using an absorbable suture

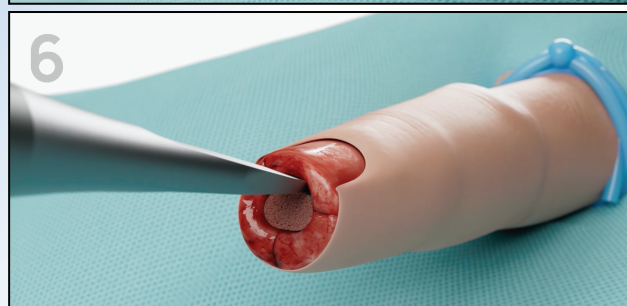
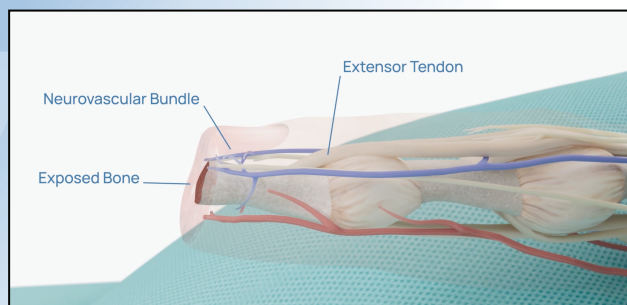


### Note:

- ▶ If greater than 25% of the nail is intact, nail may be saved for stenting. If less than 25%, consider a foil stent or ablation with a scalpel. If no nail is intact, ignore the nail as the germinal matrix is already gone.

## TISSUE FREEING

SwiftKit™



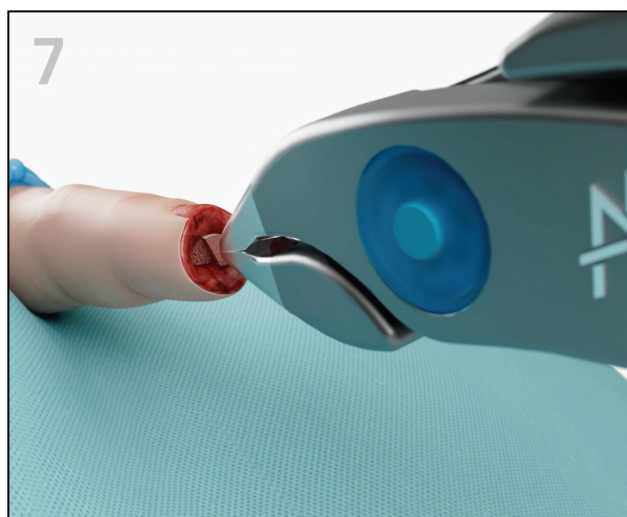
### TISSUE FREEING

- ▶ Use QuikLift™ to free soft tissue from exposed bone
- ▶ Utilize both the flat and curved tips of QuikLift™ as needed

#### Note:

- ▶ Note the key underlying structure of the finger tip before freeing tissue.

## BONE TRIMMING



### BONE TRIMMING

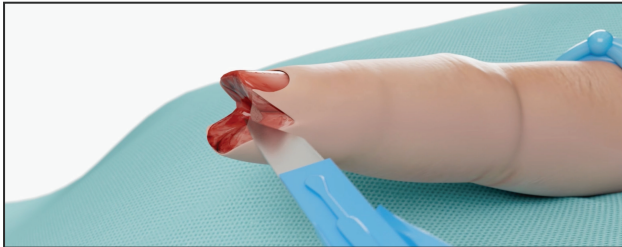
- ▶ Use the QuikRev™ bone rongeur to trim the exposed bone at the injury site
  - ▶ Take several small bites for optimal cutting efficiency and to reduce risk of propagating fractures
- ▶ Trim enough bone so the residual soft tissue can create a tension free closure
- ▶ Avoid over trimming bone to preserve length
- ▶ Remove all small exposed and comminuted bone

#### Note:

- ▶ Consult your institution about preferred nerve care methods before proceeding with the closure. Proper nerve care is critical for fingertip sensitivity.

## CLOSURE

SwiftKit™



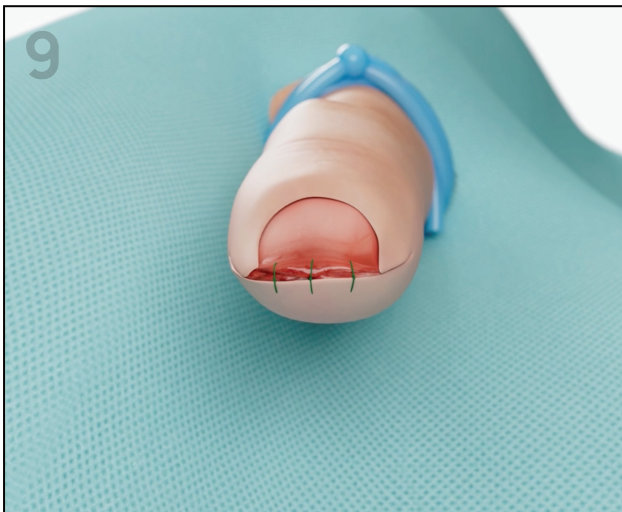
### FISHMOUTH INCISION

- ▶ To improve cosmesis, create a fishmouth incision by removing small triangular sections on the ulnar and radial sides of the finger tip, with preferential care to preserve palmar skin

- ▶ The goal is to allow for the palmar residual tissue to be folded dorsally for a tension free closure

#### Note:

- ▶ To avoid removing too much tissue, test the closure after first attempt and expand incisions only if closure is not tensionless.

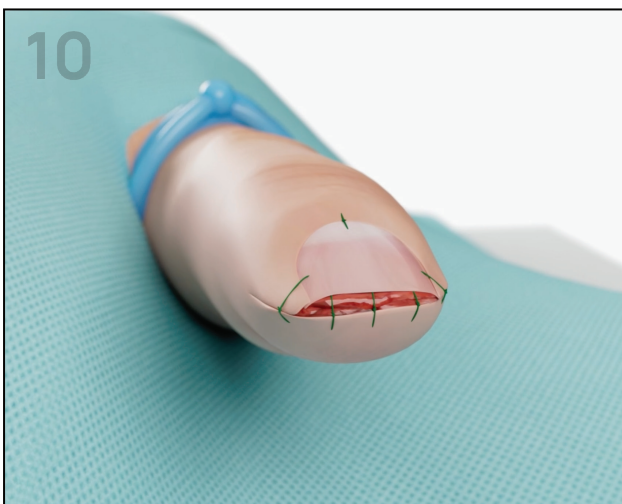


### CLOSURE

- ▶ Ensure the closure is tensionless before applying simple interrupted sutures
  - ▶ If bone is creating tension on residual soft tissue envelope, revisit step 7 to remove more bone with QuikRev™

#### Note:

- ▶ Consider absorbable suture, such as chromic.

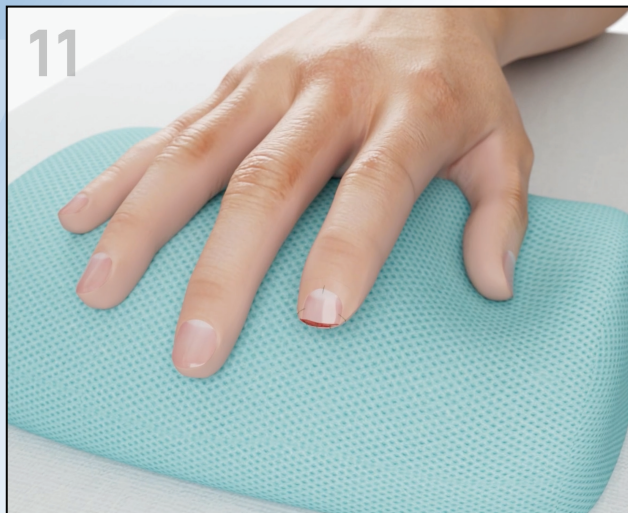


### NAIL STENTING

- ▶ To prevent scarring and nail regrowth under the skin, stent the eponychial fold with the residual nail, if appropriate, and secure to the nail bed with suture
- ▶ If the residual nail is not viable for stenting, a piece of foil from the suture or xeroform package may be used instead

#### Note:

- ▶ Consult the preferences of your institution before proceeding with a foil stent or ablation.



## PROCEDURE COMPLETE

- ▶ **Remove the tourniquet** from the finger
- ▶ Clean and dress the finger before completing the procedure

## EQUIPMENT TEARDOWN

- ▶ All components of SwiftKit® are single-patient use and can be disposed of after the procedure
- ▶ QuikLift™ and QuikRev™ are single-patient use and can be disposed of, or recycled at participating insitutions

## View Additional Resources



INSTRUCTIONS FOR USE



EDUCATION VIDEOS

Questions? [training@arbutusmedical.ca](mailto:training@arbutusmedical.ca)

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Streamlining Surgery Outside the OR



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