

The final treatment is **surgery**. This involves a small incision at the base of the affected digit/s and the mouth of the sheath, or first pulley. This cut allows the tendon to glide freely, hence stopping the trigger.

This is usually carried out in day surgery under a local anaesthetic, which means that you are not put to sleep, and do not need to stay in hospital overnight.

The surgery is very successful and the trigger is unlikely to recur.

After the operation you will have a dressing over the wound, but you should be able to move your fingers and use it for light activities. The stitches will be removed at about 2 weeks.

Risks of Surgery

Damage to Nerves

This is very rare and would result in an area of numbness along the side of your finger.

Scar Tenderness

The scar, once healed can become tender to touch. This can be helped through regular massage.

Infection

Any operation can be followed up with an infection, which can be treated with antibiotics.

Complex Regional Pain

This is a syndrome that can occur following any hand trauma, including hand surgery. The hand can become swollen, sensitive and painful. The reason for this developing is unknown. It can be treated with physiotherapy.

**For further information contact the
Hand Therapy Department on
☎ Tel: (01803) 654935**

Trigger Finger/Orthopaedics/
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South Devon Health Services

PATIENT INFORMATION



Trigger Finger / Thumb

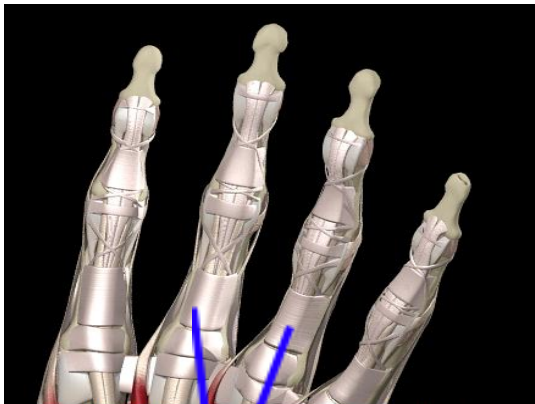
Hand Surgery

Trigger Finger

Trigger finger is a common condition that causes the finger or thumb to get stuck in a bent position.

The tendon which bends your finger runs through a series of pulleys forming a tube/sheath along the length of the finger.

The tendon itself is surrounded by a tissue known as tenosynovium, this allows the tendon to glide smoothly through the pulleys as you bend and straighten your finger.



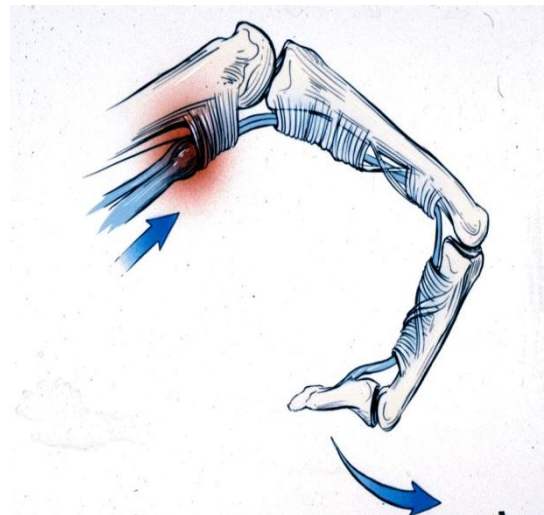
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Pulleys

In trigger finger, the tenosynovium becomes thickened and prevents the smooth glide of the tendon. Or you can feel a thickened nodule in the palm of the hand at the base of the affected finger/s.

This can cause the finger to get stuck in a bent position after making a fist as the thickened tendon catches on the first of the pulleys.

This is demonstrated in the picture below.



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The cause of trigger finger is often unknown yet there are some conditions that can leave you more prone to developing this, such as rheumatoid arthritis and diabetes.

Treatment

There are three main approaches in the treatment of trigger finger.

The first of these is **splinting**. Often the finger can become stuck in a bent position at night and therefore a splint designed to keep the fingers out straight can prevent this. Unfortunately the long term benefits of this are somewhat limited, but some people do find it useful.

The second step would be an **injection** of local anaesthetic and steroid which acts as an anti-inflammatory around the tendon.

This treatment is very successful and often resolves the problem, preventing the need for surgery.

If one injection is not successful a second is sometimes needed. The benefits of the injection are not immediate and improvements will often take between 1-2 weeks and occasionally longer.

Side effects of the injection treatment are minimal. There is a slight risk of thinning of the skin at the injection site, and very mild risk of infection.