



Orthopaedic Department

Trigger finger and trigger thumb (Stenosing tenovaginitis)

What is Trigger Finger?

Trigger finger affects the movement of your tendons which connect the muscles in your forearm to the fingers and thumb. The tendons in the fingers and thumb run in a sheath. This is an outer covering designed to lubricate the tendon and allow movement with minimal friction. The tendon runs through a series of tunnels called pulleys which keep it close to the bone at all times as it moves.

In trigger finger, the smooth running of the tendon is damaged. The sheath becomes thick and the tendon may develop a nodule inside it. The tendon nodule may become stuck within the tunnel, particularly on waking and when bending and straightening the finger. Trigger finger usually affects the thumb, middle or ring finger. More than one finger can be affected and it may develop in both hands.

Who develops it?

It can occur in men and women usually in middle age but all age groups may develop the condition. Certain conditions (e.g. Diabetes or rheumatoid arthritis) increase the risk of this.

Treatment

Treatment depends upon the severity of your symptoms and how long you have had them.

Injection

Injection of a steroid into the sheath of the tendon can help some people. Not all people respond to an injection and for some the benefit may only be temporary. It is recommended you do not drive immediately after an injection, and all finger rings must be removed from the hand/ finger being injected.

Before you come into the hospital for your surgery please make sure that you have removed all jewellery, especially rings on the hand that is to be operated on. Also please remove any nail varnish, gel or false nails



Patient Information

Surgery

A small operation to free the finger or thumb that is triggering or may have become locked can be performed as a day case under a local anaesthetic. The surgeon gives you a local anaesthetic with one or two injections into the hand then a small wound is made over the site of the nodule; the tunnel is cut to allow free gliding of the tendon. A tourniquet may be used on the upper arm to prevent bleeding during surgery. This can be uncomfortable, but is usually only inflated for 15 minutes. Stitches are removed in 14 days; these are usually removed at your GP practice. The hand will be heavily bandaged for the first two to three days after which free movement is allowed.

What are the possible complications?

- The scar may be sensitive and tender but generally this usually settles down within a few weeks.
- The finger or thumb may also develop stiffness following surgery but this usually responds to hand therapy.
- A very small number of people develop infection, persistent pain, stiffness or swelling in the hand.
- Infection this can be treated with antibiotics but occasionally requires further surgery
- Recurrence is rare

How long will I be off work and when can I drive?

- You may find driving difficult during the first two weeks after the operation. You can drive after your stitches are removed and when you can make a full pain free fist.
- You should expect to return to work within a few weeks depending on the nature of your job.

Further information sheets will be available to you when you leave the hospital:

- Post Operative Hand and Arm instructions
- Care following a general anaesthetic

In the event of you experiencing any problems please do not hesitate to contact your GP or the Day Surgery Unit.

Further Information

If you need further information please contact your Therapy Department:

University Hospital, Coventry and Warwickshire: Tel 024 7696 6016

Rugby, St Cross Hospital: Tel 01788 663257 For further information please visit our hand service web site <http://tinyurl.com/uhcwhand>

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Document History -- Author: Lynne Nicholls, Michael David, **Department:** Orthopaedics, **Contact Tel No:** 26861, **Published:** August 2009, **Reviewed:** June 2019, **Review:** June 2021, **Version:** 7.2, **Reference No:** HIC/LFT/874/09