

# Trigger finger (or trigger thumb)

## 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 also 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 and/or pulley 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.

## 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 procedure 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 the surgery. This can feel uncomfortable, but is usually only inflated for 15 minutes. Stitches are removed in 10 -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 can be treated with antibiotics, but occasionally requires further surgery.
- Recurrence is rare.

## PATIENT INFORMATION LEAFLET

---

### **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**

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 consultant's secretary, the Day Surgery Unit or your GP.

For further information on your procedure please contact:

- the Day Surgery Unit on 024 7696 6861 or 024 7696 6868
- the Day Surgery Unit St Cross Hospital Rugby 01788 663264

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 024 7696 6861 and we will do our best to meet your needs.

The Trust operates a smoke free policy

### **Document History**

Author	Lynne Nicholls, Michael David
Department	Orthopaedics
Contact Tel No	26861
Published	August 2009
Reviewed	August 2010 August 2012, September 2013, December 2014, December 2016, January 2019
Review	January 2021
Version	8
Reference No	HIC/LFT/874/09