

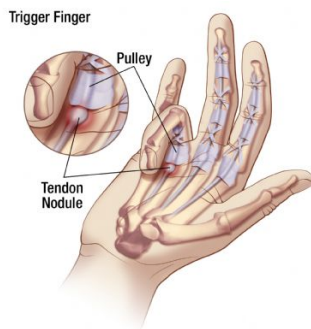
Trigger Finger Release

Trigger finger (stenosing tenosynovitis) is a condition where your finger/thumb clicks or gets stuck in a bent position.

Tendons that bend the fingers usually glide freely through tight tunnels in the hand. If the wall of a tunnel thickens, the tunnel becomes too tight it often results in a stiff finger with limited movement, clicking of the finger or locking in a bent position.

Trigger finger is more common in women than men and may be associated with arthritis, diabetes or thyroid problems. In some people it may be due to repetitive overuse.

The aim of a trigger finger release is to allow your finger to move freely, with many people experiencing a rapid improvement in symptoms. If, however, the finger was stiff before the operation it may take several months before the finger moves normally.



Alternative options to Trigger Finger Release

Steroid injection into the base of the finger can treat/improve trigger finger. More than one injection may be required and if triggering continues or is severe, surgery will usually be recommended.

A hand therapist can provide a **splint** that reduces repetitive bending of the finger. Splinting is often combined with steroid injection.

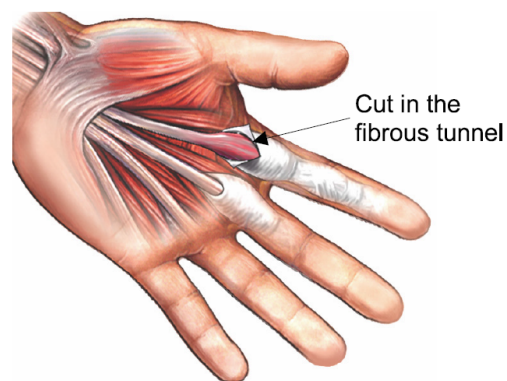
What does the operation involve?

The operation is performed as a day procedure and performed under local anaesthetic and sedation. The operation itself usually takes around 15 minutes.

A small incision (2cm) is made at the base of the finger and the roof of the fibrous tunnel that is causing the trigger finger will be cut open. This will allow the tendon to glide freely through the tunnel. The lump which develops in the tendon due to the condition gradually improves post operatively however a residual lump may remain.

You need to follow the post-operative instructions regarding dressings. You will attend a review appointment at WPRS approximately one week following your operation to check your wound and commence hand therapy.

Hand therapy is considered an integral component of your post-operative management following a trigger finger release. Your hand therapist will help you to control swelling, provide structured exercises and advice regarding movement and scar management.



Post-operative course

You will be able to go home on the same day of surgery. You will be provided with post-operative instructions and pain relief medication as directed.

Your hand will be wrapped in a crepe bandage and you should keep your hand elevated and bandaged for two days. After this you will be able to remove the bandage, however the wound should remain clean until your stitches are removed. You should move your fingers normally and exercise your shoulder and elbow to prevent stiffness.

You will be discharged home with an appointment card for a wound check, suture removal and hand therapy at WPRS. Contact phone numbers to call if you have any concerns once you have been discharged will be available with your post-operative instructions.

Most people can return to work at around one week post-operative (depending on the type of work). You should, however, avoid heavy lifting and strenuous activity for a few weeks, returning to normal activities by around four to six weeks. You may drive a car when you feel safe and comfortable to do so.

Potential risks of surgery

Bleeding: any bleeding after surgery is usually minor.

Infection: uncommon, however if it occurs you may be required to commence antibiotics.

Wound separation/delayed healing: is uncommon in trigger finger release.

Scar tenderness: is common for around 6 weeks and improves for most people, though is rarely permanent.

Numbness: to the fingers caused by damage to a nerve or one of its branches during the operation. This can be temporary or permanent. Risk is 1:200,000

Decreased movement: of the finger due to bowstringing. Bowstringing is an excessive release of the fibrous tunnel. An additional operation may be required to correct this if severe.

Recurrence: < 1% risk. Usually a long term issue

Incomplete release: < 1% risk. May require an additional operation if symptoms do not settle.

Complex regional pain syndrome: Approximately 2-3% risk. This results in pain, sweating and swelling of the hand. Often resolves with hand therapy although may require medication and may be permanent.

Anaesthetic complications: sore throat, nausea/vomiting, other rare complications (i.e. allergic reaction to anaesthetic) can be discussed with your anaesthetist.