

Information for patients

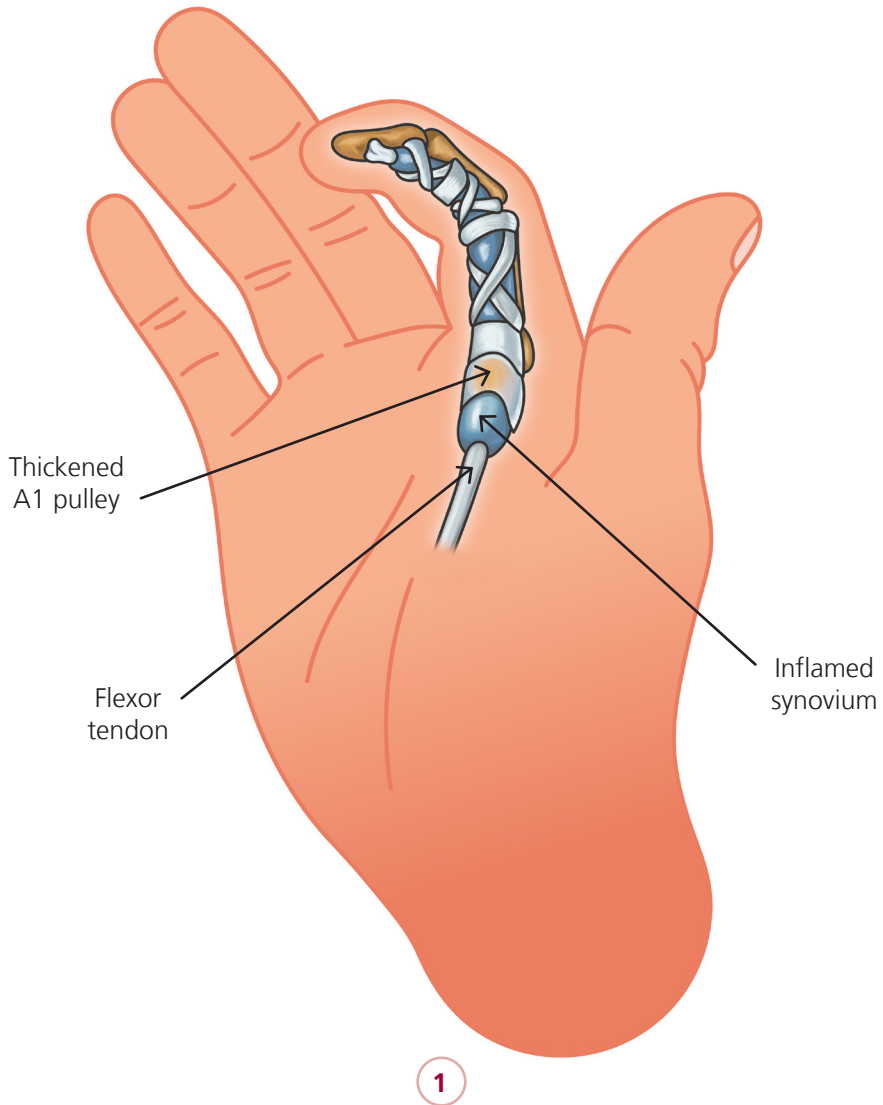
Trigger Finger



Hand and Upper Limb

What is a Trigger Finger and Thumb?

Trigger finger or thumb is a common condition where there is inflammation around the tendon in the palm of the hand. This is caused when a tight band of tissue (A1 Pulley) stops the tendon from gliding, making the finger or thumb click and lock. Sometimes the finger has to be forcefully moved to straighten it. The most common fingers affected are the ring and middle fingers and it can affect both hands.



What is the cause of Trigger Finger and Thumb?

The cause of the condition is unknown but it can be linked to rheumatoid arthritis and diabetes. In many cases it can come and go, but if it continues you may require treatment.

What are the symptoms?

Pain at the base of the finger/thumb on the palm side. The finger or thumb catches and/or locks in a bent position.

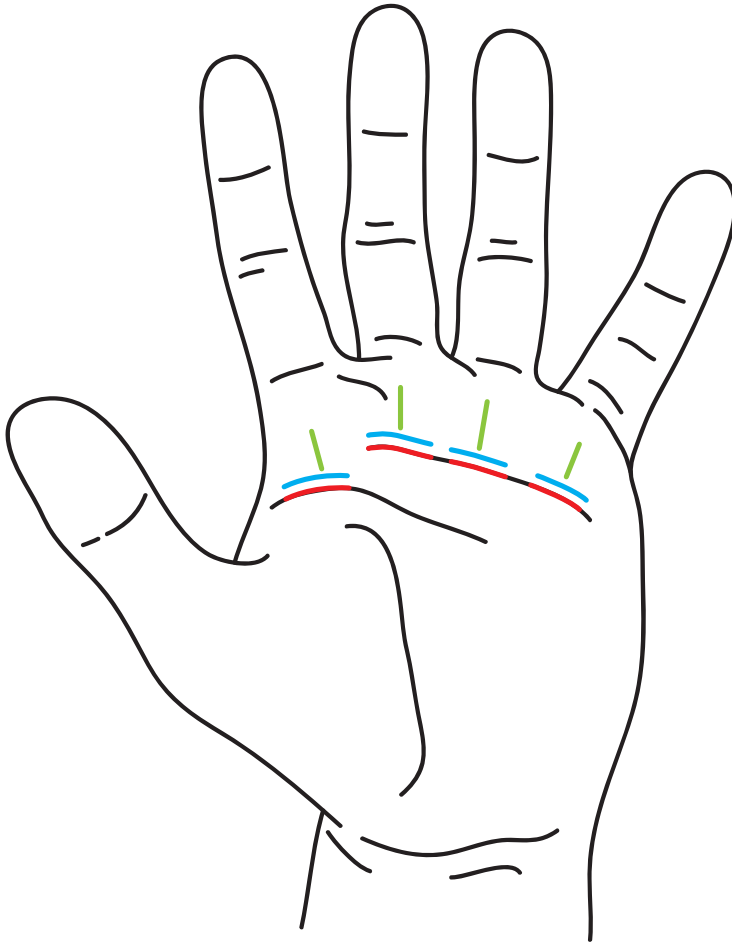
What non-surgical treatments are available?

To begin with your treatment may be splinting and hand therapy. If this does not help, the surgical team may advise an injection of steroid around the tendon. Injections work for 70% of patients with this condition but this rate is lower for patients with diabetes.

If these treatments do not help or the condition returns then surgery may be an option.

What surgical treatment is available?

Your operation is a day case procedure. You will stay awake for the operation and have an injection of local anaesthetic to numb the area that will be operated on. A small cut is made in the palm, and the tight band (A1 Pulley) which surrounds the tendon is released. You will have stitches in your hand and a sticky dressing and a bandage will cover it (depending on surgeons choice).



What are the complications/risks of surgery?

Swelling and stiffness

This can be reduced by keeping your hand elevated and using your fingers and wrist joint as soon as possible after surgery. Swelling and scar tenderness can carry on for several months. However, you can help this by massaging the scar with non perfumed moisturiser. Massaging also helps to improve the irritability and appearance of the scar.

Complex Regional Pain Syndrome (CRPS)

Occasionally, patients can be troubled by more swelling, stiffness or tenderness than expected. This is rare and can improve with specialist therapy. However CRPS can occasionally lead to lasting disability.

Infection

This occurs in less than 1% of operations. Infection to the skin can be treated with antibiotic tablets. Deep seated infection involving the underlying tissue may require further surgery to wash the infection away and you may be given antibiotics into your vein. This will mean a further hospital stay.

Nerve damage

This is a rare complication of surgery that can lead to lasting pain or numbness.

Ongoing symptoms

Your problem may continue if your finger or thumb tendon has become damaged by triggering. After surgery the tendon may take a few months to fully recover.

Finger or thumb joint stiffness

If your triggering has been going on for some time, some of your finger or thumb joints may become stiff. If this is the case, tendon gliding exercises can be useful.

The vast majority of patients having trigger finger surgery have complete return of use of their hand and no complications.

Post Surgery

Day 1–2

After surgery you will have stitches in the palm of your hand. A sticky dressing and/or a large bulky dressing will cover these. Keep your dressing clean and dry. Keep your wrist elevated on pillows and start moving the joints of the fingers, hand and wrist as soon as possible to reduce swelling and prevent stiffness. Take pain killers before the local anaesthetic injection wears off.

Day 3–14

At this stage your surgeon might say you can debulk your dressings but leave the smaller dressings on over your stitches. (You will be told this prior to leaving the hospital.) Continue to gently move your hand. You can use your hand for light activity but avoid heavy loading and avoid positioning your hand below your waist.

If you have dissolvable stitches, please remove the dressing at 14 days and start massaging the scar. Any remaining stitches tend to come out with this process.

If you have non-dissolvable stitches, these should be removed after 10–14 days and is usually done at your GP practice or in clinic.

You will be informed of the type of stitches you have before you leave. At this time, you can start doing some gentle exercises if your hand or wrist feels stiff.

2 weeks

Continue to use your hand for activity as comfort allows. 24 hours after the stitches are out, and when the wound has healed over, we recommend massaging the scar with non-perfumed moisturiser for couple of minutes up to 3 times a day. This will disperse swelling and help reduce scar irritability.

6–8 weeks

Most people are back to normal activity, although scar massage can still be useful.

3 months onwards

It can take a few months for any post surgical discomfort to the wrist and scar to settle down. We advise that you can return to driving after your stitches are removed. However you must be able to control the car, even in an emergency.

Time off work

Many patients in administrative or light duty jobs can return to work within 3–4 days. Some patients who do manual work need to take up to 6 weeks off work. Sick notes can be provided by the hospital team on the day of surgery or by your GP.

Postoperative difficulties

EMERGENCY CONTACT PROCEDURE

If your wound starts to leak and becomes painful, hot, red or swollen, please contact us:

Monday to Friday 08:00-17:00, Main Outpatients **01691 404361** or contact your Consultant's secretary via Switchboard **01691 404000**

Out of Hours – Hospital Switchboard **01691 404000** and ask to be put through to the Clinical Site Manager or nurse on hospital cover.

If you require a special edition of this leaflet

This leaflet is available in large print. Arrangements can also be made on request for it to be explained in your preferred language. Please contact the Patient Advice and Liaison Service (PALS) email: rjah.pals.office@nhs.net

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Please send your comments to the Patient Advice and Liaison Service (PALS) email: rjah.pals.office@nhs.net

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Author: Suzie Golding

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The Robert Jones and Agnes Hunt
Orthopaedic Hospital NHS Foundation Trust,
Oswestry, Shropshire SY10 7AG
Tel: 01691 404000
www.rjah.nhs.uk