

Trigger finger

You have been diagnosed as having a trigger finger. This leaflet aims to tell you about the problem, the treatment options and the likely outcomes. This leaflet is important and forms part of the consent process for any treatment you are offered.

This is not a serious or life threatening problem. For most people it is an irritation that interferes with certain functions of the hand although it can be painful.

Treatment is offered if the condition is painful or causing you significant problems.

What is a trigger finger?

You will have noticed that your finger seems to be stiffer and on occasions locks down in the palm. This often happens when you first wake up in the morning. When you try to straighten the finger it is painful and the finger moves suddenly with a click.

You may have noticed a small swelling at the base of the finger which moves when you move your finger. This is a swelling on the guider (tendon) to the finger. At this point the tendon runs through a small tunnel attached to the bone, which can also become tight. When the tendon swells it sticks at the tunnel and the finger becomes stuck. We do not fully understand why the tendon swells.

Who gets it?

We do not know what causes trigger finger. It can occur at any age from babies to the elderly and affects both men and women. However, some other conditions can increase your risk or make the disease worse:

- Diabetes.
- Rheumatoid arthritis.
- Very occasionally some jobs seem to be associated.

What can I do?

There is no evidence that hand creams or other medication can slow down or cure the problem. We recommend that you stop smoking, as this does not help healing. You do need to decide whether the problems you have are bad enough to require treatment.

Treatment

Some people with trigger finger manage without treatment. Treatment is offered for 3 reasons:

1. You are having major problems functioning because of the locking.
2. The finger has become stuck and no longer moves at all.
3. The finger is very painful.

There are various types of treatment available that your surgeon will discuss with you.

Conservative

This means treatment without surgery. Some people can be given a splint to wear at night time to prevent the finger becoming locked during the night and a small splint to wear in the day which can be helpful. However, most surgeons believe that the success rate of this treatment is very low.

Injections

80% of patients can be successfully treated with a steroid injection into the finger or palm. There are two common techniques of injection that are equally effective. Which one is used depends on your surgeon's preference and training.

Surgery

Surgical treatment is generally simple, safe and quick. The surgery is generally performed under local anaesthetic as a daycase. You will have 2 or 3 stitches in your palm and a small bandage. The stitches will usually be removed after approximately 2 weeks.

Physiotherapy

The vast majority of patients need no physiotherapy but a small percentage will benefit from supervised exercises to improve the function of the hand.

What are the risks, consequences and alternatives associated with treatment?

Incomplete release or recurrence

Some patients who get an initial good result find that after a few months the steroid injection wears off and the problem returns. We can try a further injection but will usually offer an operation at that stage. Similarly after the operation some people find that the finger is slightly stiff.

Nerve damage

In the hand the small nerves are always close to the tendons. Very occasionally some nerve damage can occur.

Recurrence

After steroid injection this is probably between 10 and 20%. After surgery recurrence is rare.

Infection

A small proportion of patients will develop infection (more common in patients with diabetes) and require further surgery.

Complex regional pain syndrome

This is a rare condition that affects patients having hand surgery. The patients develop severe pain, swelling and stiffness in the hand. They may be left with persistent pain and stiffness.

Despite this list of complications, please remember that the vast majority of patients have an uncomplicated routine operation with a full recovery.

If you are concerned about any of these risks, or have any further queries, please speak to your consultant.

If you have any other queries, or require further information please contact your consultant's secretary.