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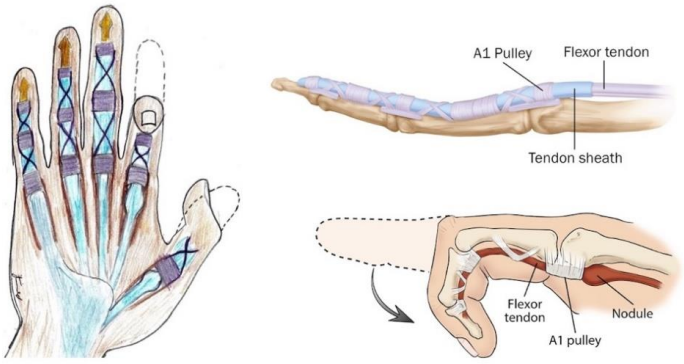
TRIGGER FINGER RELEASE

This leaflet provides general information to help you understand surgery to release a trigger finger or thumb.

This day-case procedure frees the tendon, usually under local anaesthetic.

At the heart of my practice is **Shared Decision-Making**. Whether we pursue conservative management (Plan A) or surgical intervention (Plan B), the goal is to create a tailored treatment plan that aligns with your lifestyle, values, and functional goals.



This leaflet provides general information and does not replace individual medical advice.

Private Consulting Rooms

- **LIPS Healthcare London**
- **Spire Alexandra Chatham**
- **Practice Plus Gillingham**

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More Info

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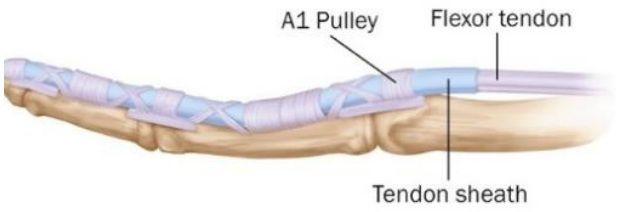
The Anatomy of the Flexor Tendon

Tendons bend your fingers by sliding through a series of tunnels, relying on several structures working together:

How the Tendon Works

The tendon glides like a cable:

- A tendon runs along the front of each finger
- It slides through tunnels called pulleys
- This bends and straightens the finger



The Pulleys

Firm bands (pulleys) hold the tendon close to the bone so it can bend the finger smoothly and powerfully.

What Goes Wrong

Inflammation thickens the tendon:

- The tendon lining swells
- A small lump (nodule) forms
- It catches at the mouth of a pulley
- The finger clicks, snaps or locks

Where It Happens

- Usually at the A1 pulley in the palm
- At the base of the affected finger or thumb
- More than one digit can be affected
- Both hands can be involved

The Result

The finger catches or locks in a bent position, and can be painful or need the other hand to straighten it.

About the Operation

Trigger finger release divides the tight pulley at the base of the finger so the tendon glides freely, stopping the catching and locking. It is a short day-case operation, usually under local anaesthetic, recommended when catching persists despite splints and a steroid injection.

Why It's Done

The operation aims to:

- Stop the catching and locking
- Relieve pain from the irritated tendon
- Restore smooth, free finger movement

The Procedure, Step by Step

The day-case operation, step by step:

- Anaesthetic: the area is numbed with local anaesthetic
- Incision: a small cut is made at the base of the finger
- Release: the tight A1 pulley is divided so the tendon glides
- Closure: stitches and a splash-proof dressing

Before, During & After Surgery

Before Surgery

- Fasting: not needed for local anaesthetic (6 hours if general)
- Smoking: avoid for at least 12 hours before, to aid healing
- Medications: continue as advised; blood thinners can usually continue

On the Day

- Admission: check in at main reception, then to your room
- Consultation: meet your surgeon and anaesthetist
- Preparation: timing and instructions are reviewed

Anaesthesia

- Local anaesthetic is injected after the hand is cleaned
- A tourniquet may be used briefly to reduce bleeding

Recovery & Results

Recovery is a partnership. The timeline below is a guide — I will adapt it to your healing and your goals — **this shared decision-making process ensures you are fully informed and involved in your care.**

Recovery Milestones

- Bandage: bulky dressing removed after 24–48 hours
- Hand use: gentle finger and hand use straight away
- Stitches: removed at about 14 days
- Good recovery: light use by 2 weeks, fuller by 6–8 weeks

Results

Release is a reliable operation that stops the triggering, with a low recurrence rate. Most patients regain smooth finger movement quickly.

After Surgery

The first weeks

Wound Care: keep the wound clean and dry; the bulky bandage comes off at 24–48 hours

Pain Relief: the local block lasts 4–6 hours; start painkillers before it wears off and take regularly for 24–48 hours

Stitches: usually removed at about 14 days

Scar Care: gentle scar massage with cream 2–3 times daily for 2–3 months; physiotherapy is usually not needed

Risks & Complications

Uncommon, but possible

Infection: fewer than 1 in 200; treated with antibiotics if it occurs

Scar Sensitivity: the scar can be tender for a few weeks; massage with cream helps

Stiffness: mild stiffness is common early and improves with movement

CRPS: rare (under 1 in 50); prolonged pain and stiffness needing therapy

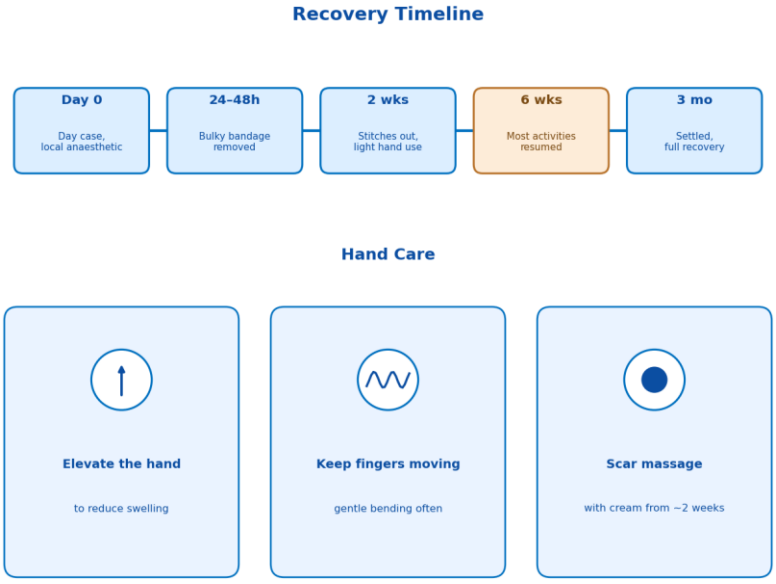
Incomplete Recovery: long-standing tendon changes may limit full recovery; recurrence is low

Return to Activity:

This can be extremely variable and discuss with the surgeon. These are just guidelines.

Desk work **2–3 weeks**; driving when you can safely do an emergency stop, often **1–2 weeks**; light manual work **4 – 6 weeks**; heavy manual work 6 - 8 weeks; avoid heavy lifting for 6–8 weeks.

Recovery Timeline & Hand Care



Red Flags — When to Seek Urgent Help

Spreading redness, discharge or increasing pain in the wound, or fever — seek urgent assessment, as this may indicate infection.
If you experience any of the above, contact the practice, your GP, NHS 111, or attend your nearest Emergency Department.

Key Points to Remember

- Quick day-case surgery, usually local anaesthetic
- Reliable, with a low recurrence rate
- Physiotherapy is usually not needed
- Gentle scar massage helps the scar settle

Questions You May Wish to Ask

- When can I use my hand normally again?
- When can I drive and return to work?
- How much improvement can I expect?
- What are the signs of a problem?

Book or Enquire Directly at Each Site

- **LIPS Healthcare London** ☎ 020 7164 6114
- **Spire Alexandra Chatham** ☎ 01634 687166
- **Practice Plus Gillingham** ☎ 0333 200 4055