Professor Bijay Singh

Upper Limb, Trauma & Sports Medicine

FRCS (T&O), FRCS, MS, DNB, PG Dip

Visiting Professor, Canterbury Christchurch University

Visiting Professor, AIIMS Raipur

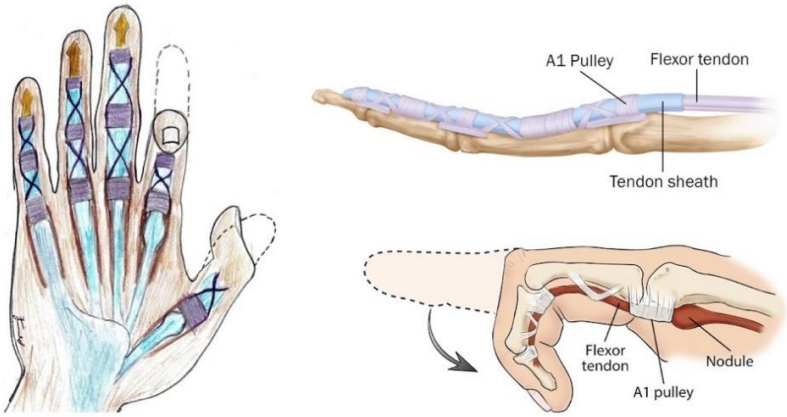
Personal • Precise • Proven • Shoulder to Finger

TRIGGER FINGER / THUMB

This leaflet provides general information to help you understand trigger finger and the available treatment options.

Not everyone with a trigger finger needs surgery.

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**

Practice Manager

Kim White

☎ **07361 895875**

✉ secretary@kentorthopaedicpractice.co.uk

🌐 www.kentorthopaedicpractice.co.uk

More Info

Scan to visit our website

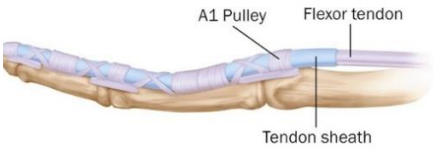
The Anatomy of the Flexor Tendon

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.

What Is Trigger Finger?

Trigger finger (stenosing tenosynovitis) causes a finger or thumb to catch, snap or pop when you straighten it. Inflammation thickens the tendon or forms a nodule that gets stuck at the entrance of its tunnel, so the finger clicks or locks in a bent position.

Who It Affects

It affects about 2 to 3 in 100 people:

- Women, about six times more often than men
- Most common in the 50s and 60s
- Frequent gripping or repetitive hand use

Linked Conditions

More common alongside:

- Diabetes — up to 1 in 10 are affected
- Rheumatoid arthritis
- An underactive thyroid
- Repetitive or forceful gripping

Symptoms and Examination

Symptoms

- A painful clicking or snapping when moving the finger
- Tenderness or a lump at the base of the finger
- The finger locking in a bent position

Examination

- The tender nodule is felt in the palm
- Catching is reproduced as the finger moves
- Locking and range of movement assessed

Diagnosis

- Usually a clinical diagnosis from examination
- No scans are needed in most cases

Treatment Options: A Shared Decision

I will discuss all available treatment options with you, explaining the benefits and risks of each. Your preferences, values, and lifestyle will be considered as we work together to create a treatment plan best suited to your needs — **this shared decision-making process ensures you are fully informed and involved in your care.**

Treatment Depends On

- How often the finger catches or locks
- How much pain and disruption it causes
- Your response to splints and injections
- Your preferences and goals

Good News

Many people improve with simple measures — mild cases can settle on their own, and doing nothing is always an option.

Plan A — Non-Surgical

Many people improve with

Activity: easing repetitive or forceful gripping

Splints: a splint rests the finger, often overnight

Anti-inflammatories: NSAID gels or tablets reduce swelling

Injection: a steroid injection settles about two-thirds of cases

Plan B — Surgical

Considered when…

Persistent Locking: the finger stays caught or locked

Daily Life: catching limits hand use and grip

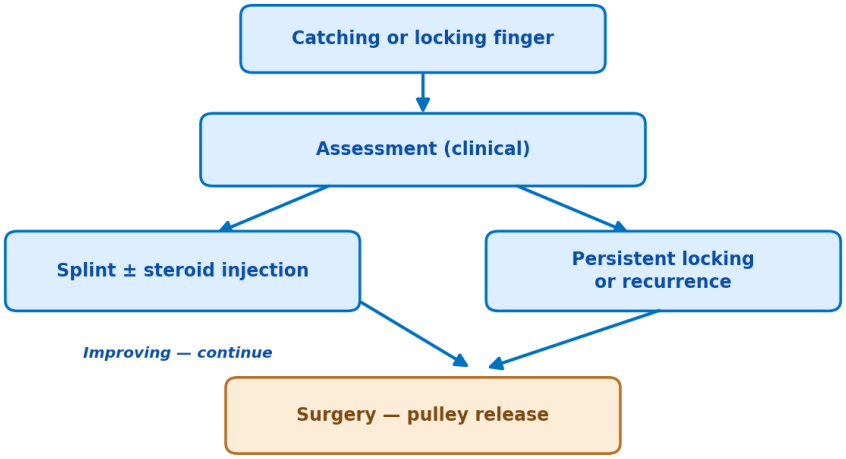
Recurrence: symptoms return after injections

Diabetes: injections are often less effective

Approach: a small day-case release of the pulley

The Procedure: known as **Surgical Release**, this small operation opens the tight A1 pulley so the tendon can glide freely, usually under **local anaesthetic**. A separate leaflet will be provided for the surgery.

Management Pathway



Red Flags — When to Seek Urgent Help

Spreading redness, severe swelling or fever after an injection or surgery — seek prompt 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.

Important Things to Remember

- Trigger finger is common and not dangerous
- Many cases settle without surgery
- Splints and injections often help early on
- Doing nothing is always an option

Questions You May Wish to Ask

- What treatments should I try first?
- How long should I try them for?
- What improvement can I expect?
- What happens if I don't have surgery?

Book or Enquire Directly at Each Site

LIPS Healthcare London	02038709996	singh.admin@lips.org.uk
Spire Alexandra Chatham	01634 662866	alexandraselfpaypsc@spirehealthcare.com
Practice Plus Gillingham	01634 969045	Private.gillingham@practiceplusgroup.com