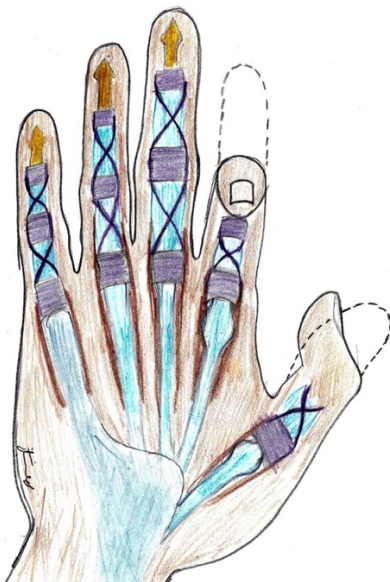


TRIGGER FINGER / THUMB

Trigger finger (stenosing tenosynovitis) is a painful condition that affects the tendons in the hand. In the hand, tendons run down the bones in the fingers and are attached to the muscles in the forearm.

The tendons are held in place on the bones by a series of ligaments (strong bands of tissue) called pulleys. These are shaped like arches over the tendon, attaching it to the bone. The pulleys form a tunnel, or sheath, on the surface of the bone, which the tendons slide through.



How common is trigger finger?

Around 2-3% of people develop trigger finger. It is more common in:

- females,
- people who are over 40 years of age, and
- People with certain medical conditions.

Around 10% of people with diabetes develop trigger finger.

Symptoms

Symptoms of trigger finger include, pain at the base of the affected finger or thumb, a nodule

at the base of the affected finger or thumb, and stiffness or clicking when you move the affected finger or thumb. If the condition gets worse, your finger may get stuck in a bent position and then suddenly pop straight. Eventually, it may not fully straighten. Trigger finger usually affects your thumb, ring finger or little finger.

Causes

Due to inflammation around the tendon, the sheath bunches at the mouth of the pulley leading to formation of a small nodule. The tendon slides down the sheath towards your arm. As you straighten your finger or thumb, the tendon should slide back up the sheath into your finger. The stuck tendon may suddenly pop past the pulley into the sheath, releasing your finger like the release of a trigger.

Contributing factors

Few factors may make you more likely to develop it:

- F: M:: 6:1
- Age – 5th & 6th decade
- Repetitive movement and gripping
- Diabetes, Hypothyroid, Rheumatoid Arthritis

Treatment

The treatment of trigger finger depends on the severity of your symptoms and how long you have had them. While surgery is generally considered to be the best treatment, your GP may suggest you try a number of other options first.

Non-surgical treatments

Before suggesting surgery, rest your affected hand to see whether it helps relieve your symptoms. Non-steroidal medications have some effect in reducing the pain.

Corticosteroid injections

Liquid corticosteroids are injected around the tendon sheath (the tunnel that the tendon slides through) at the base of your affected finger or thumb. Corticosteroids are thought to work because they have an anti-inflammatory effect on the thickened sheath. This reduces the swelling in the sheath and allows the tendon to move freely again. Corticosteroids are an effective treatment for nearly 75% of people. Serious side effects of corticosteroids are rare, but include:

- tendon rupture (when the tendon bursts),
- infection at the site of the injection,
- dermal atrophy

Surgery

If the treatments above do not work, surgery is usually recommended. Surgery involves releasing the thickened pulley (the arch of ligament that attaches the tendon to the bone in your finger) so that your tendon can move freely again. Surgery is 90-100% effective, although you will need to take some time off work depending on the type of work. Typically, the office based workers can go back within few days but manual labourers and those involved in using their hands for moving and handling may take between 2 -4 weeks to return to work. The operation takes around 10 minutes and will be completed as an out-patient procedure, which means that you will not need to be admitted to hospital overnight. The procedure is usually performed under local anaesthetic, which means that will be conscious but unable to feel any pain in your hand.

Recovering from surgery

After the procedure, you should be able to move your finger straightaway. The dressings can be removed after 48 hours to make movement easier, and full movement should return within a week or two.

Caring for your wound

Following surgery you will have a small cut in the hand and stitches. The wound needs to be kept dry till the stitches are taken out in 2 weeks' time. After 72 hours, you can get in shower with the dressing on as they are water proof, but it's important to keep the wound dry and change the dressing if it gets soaked. It's important to

keep the hands and fingers moving during this time.

Complications from surgery

Trigger finger release surgery is a safe procedure but, as with any type of surgery, there are some risks. Complications are rare, but could include:

- infection,
- stiffness in the finger,
- pain in the finger,
- nerve damage
- Complex Regional Pain Syndrome (CRPS), which causes pain and swelling in your hand after surgery. This usually resolves itself after a few months, but there can be permanent problems.

This information has been designed to help you gain the maximum benefit in the management of your condition. It is not intended to be a substitute for professional care and should be used in association with the recommendations given by your orthopaedic consultant. Individual variations needing specific instructions not mentioned here may be required.

Further Information

If you have any further questions, then please ask at your clinic appointments.

Prof. Bijayendra Singh
Consultant Orthopaedic Surgeon
Medway Foundation NHS Trust
Kent Institute of Medicine & Surgery Maidstone
Spire Alexandra Hospital Walderslade

Visiting Professor, Canterbury Christchurch University.

Private Secretary: Anne Church
Email: annechurch@gmail.com
Phone: 07745 – 120785

For NHS Patients:

Medway: 01634 – 830000, Ext 6711
Email: kim.white10@nhs.net
KIMS Hospital: 01622 – 237500
Email: NHSteam@kims.org.uk

Website:

www.kentorthopaedicpractice.co.uk