

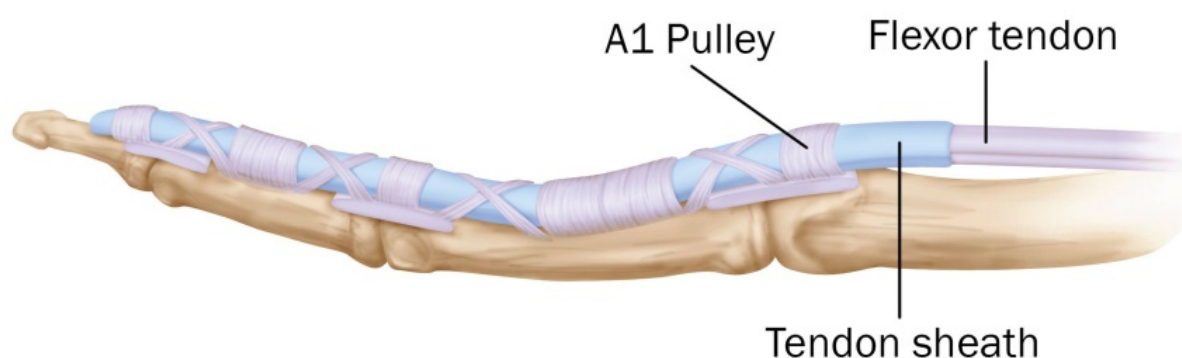
Ultrasound Guided Trigger Finger Release

What is trigger finger?

Trigger Finger is when a flexor tendon, which bends your finger, becomes stuck in a pulley in the palm of your hand. This can be like trying to pull a piece of string with a knot in it through a straw, it will get stuck and then suddenly give way allowing further movement.

Sometimes, the tendon becomes swollen or the pulley becomes tight: this may result in triggering of the finger. Some people have a tendency for multiple fingers to trigger at different times. This is more common as we age and in people with diabetes¹. Triggering of the finger is often worse in the mornings and can be noted on waking.

Figure 1²



The tendon sheath attaches to the finger bones and keeps the flexor tendon in place as it moves. The A1 pulley is near the opening of the tendon sheath².

Why would I need this procedure?

Prior to having surgery, corticosteroid injections are considered to be helpful. Local guidelines suggest that at least 2 injections should be attempted prior to surgery being offered. If the injections have not improved your finger triggering you may require an operation to widen the tunnel and allow ease of movement of the tendon as it slides in the sheath.

How long will this take?

The procedure is straight forward and can be completed in the outpatient department. This will take approximately one hour. You are advised to set aside 90 minutes, in case of any delays.

Is the procedure painful?

For some people the injection is a little painful but all measures are taken to ensure pain is kept to a minimum. In some cases patients prefer to have local anaesthetic used which would minimise any discomfort. If you have any questions about the pain of the procedure, discuss this with the person performing the procedure.

What are the alternative treatments?

You can opt to have further steroid injections as this can often resolve your symptoms. However as previously described, if tried and failed, you may elect for release. There are 2 surgical techniques available:

- 1 Minimally invasive ultrasound guided release much like the corticosteroid injections (outpatient setting as described above). This has been shown to have less risk of post-operative infection than the open procedure³⁻⁴. This does not require the use of a surgical theatre and is much more cost effective⁵. Anticipated recovery time 1 day.
- 2 Open release in a surgical theatre (2cm scar with stitches in the hand). Anticipated recovery time 10 days.

What are the potential risks and side effects?

With any procedure, there is always a risk. It has been demonstrated that trigger finger release with ultrasound guidance is safe⁴. This procedure has been shown to have less risk of post operation infection than an open procedure⁴.

You will get immediate feedback and know if this procedure has worked whilst still in clinic.

- Risk of infection is always a risk in any surgical procedure. If this occurs, it will usually require antibiotics and you should seek an immediate medical review by your GP, or attend the Emergency Department.
- Potential damage to the nerves, leading to numbness in part of the finger will be minimised with the use of ultrasound guidance⁴.
- Failure of the release.
- Bruising around the injection site is not uncommon³.

Are there times I should not have this intervention?

Yes if you have one of the following:

- Had a reaction previously to local anaesthetics.
- Have a current skin infection near the injection site.
- Feel unwell.
- Do not want a local anaesthetic injection.
- If you are on anticoagulation therapy (blood thinning), we may need to discuss this with you.

What are the expected benefits of treatment?

Reduction of hand pain and improved finger movement.

Where will the procedure take place?

Conquest Hospital or Bexhill Hospital.

Will I have an anaesthetic?

You will have a local anaesthetic injected into the painful area in the palm of your hand.

How will I feel afterwards?

You may have altered sensation around the injection/surgical site for approximately 2 hours, with a feeling of pins and needles as the anaesthetic wears off. Some discomfort may be present in the days following the procedure. If you require pain relief, consider simple pain medications that you can purchase at your pharmacy or discuss with your GP if you require further advice.

How long will I be in hospital?

The procedure will take approximately 60 minutes. You can leave the department 30 minutes after the procedure if you feel well.

How soon will I be able to resume normal activities?

There is no limitation on resuming normal activities however it is advisable to refrain from strenuous activities for 24 hours after the procedure and you should move your fingers straight away. You should keep the wound clean with a sticking plaster for 24 hours.

Will I have to come back to hospital?

Not routinely, unless you are still having a problem. You may be offered a telephone consultation at 6 weeks after the surgery and review at 6 and 12 months post-procedure to assess the success of this procedure using a standardised questionnaire⁵.

When can I return to work?

You can return to work as soon as you feel able to. However it is advisable to have the rest of the day off work.

Can I drive home after this procedure?

You are advised not to drive following this procedure for a minimum of 12 hours. This is due to the local anaesthetic impairing your senses for a period of time.

Consent

Although you consent for this treatment, you may withdraw your consent at any time. Please discuss this with your medical team.

Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Sources of information

- 1 Cagliero E, Apruzzese W, Perlmutter GS et al musculoskeletal disorders of the hand and shoulder in patients with Diabetes Mellitus. *Am J Med.* 2002;37:1650-1656.
- 2 Reproduced from JF Sarwark, ed: *Essentials of Musculoskeletal Care*, ed 4. Rosemont, IL, American Academy of Orthopaedic Surgeons, 2010.

- 3 Colberg R, Pantuso J, Flesig P et al. Ultrasound-Guided microinvasive trigger finger release technique combined with three test to confirm a complete release. *Am J Phys Med Rehab.* 2020. 99 (12); 1150-1156
- 4 Lapegue F, Aymeric A, Meyrina O et al. US-guided percutaneous release of the trigger finger using a 21-gauge needle: A prospective study of 60 cases. *Radiology.* 2016. 280; (2); 493-499.
- 5 Stirling PHC, Clement ND, Jenkins PJ, Duckworth AD, McEachan JE. A cost-utility analysis of open A1 pulley release for the treatment of trigger finger. *Journal of Hand Surgery (European Volume)* 2020. 45; 10; 1083-1086.
- 6 Stirling PHC, Jenkins PJ, Duckworth AD, Clement ND, McEachan JE. Functional outcomes of trigger finger release in non-diabetic and diabetic patients. *Journal of Hand Surgery (European Volume)* 2020. 45; 10; 1078 -1082.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – Tel: 0300 131 4731 (direct dial) or by email at: esh-tr.patientexperience@nhs.net

Hand hygiene

The Trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

Tel: 0300 131 4434 Email: esh-tr.AccessibleInformation@nhs.net

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

The following clinicians have been consulted and agreed this patient information:

Jamie Buchanan Orthopaedic Consultant, Conquest Hospital.
Susan Roberts Advanced Physiotherapy Practitioner East Sussex Healthcare Trust.

The directorate group that have agreed this patient information leaflet: Core Services

Next review date: December 2024
Responsible clinician/author: Vincent Gallagher Advanced Physiotherapy Practitioner

© East Sussex Healthcare NHS Trust – www.esht.nhs.uk