

Patient information

Trigger Finger

What is trigger finger?

Trigger finger is when a flexor tendon gets stuck in a pulley in the palm of the hand. It is often worse in the mornings.



Why does trigger finger happen?

The big muscles working the fingers are in the forearm. To save bulk, the muscles become tendons across the wrist. There are pulleys, attached to bone, to direct the pull of the tendons. Sometimes “wear-and-tear” degenerative change can cause the tendon to swell, or the pulley may get tight.

Some people have a tendency for multiple digits to trigger at different times. This is more common in people with diabetes.

How do we treat trigger finger?

1. Sometimes rest and anti-inflammatory medication help.
2. Local anti-inflammatory gel, massaged in can help e.g. Ibuprofen gel.
3. **Steroid injection** can help. We can do this in clinic. Half the time this can work. It can be repeated. A small quantity of steroid and local anaesthetic is injected. **Risks of injection:**
 - Infection.
 - Not helping.
 - Weakening tendon.
 - Making darker skin pale.
 - Damage to nerve (tingling and numbness).
 - Temporary adjustment of insulin requirement in people with diabetes.
4. **Operation**

This involves cutting the pulley where it is tight. The pulleys are about 7mm long. We usually do these as Day Case procedures. The operation can be done under Local Anaesthetic in the finger, as the pulleys are easily accessible. (You have an injection and a 1cm cut in the palm). The nerves to the thumb go over the pulley, which is trickier surgery, so we usually prefer a General Anaesthetic for the thumb.

Risks:

- o Damage to the nerves (leading to numbness in part of the digit).
- o Infection. This usually needs antibiotics.
- o Weakness. (The tendon is taking a slightly shorter course, so it is not quite as strong.)
- o Complex Regional Pain Syndrome. (Pain and stiffness.) This is rare.
- o Stiffness. We encourage you to move all joints after the procedure.

Post-operative course:

- o The stitches are nylon and need to be removed, usually at 10-15 days post-op.
- o You should elevate and keep moving the fingers o Your hand will be weak for a while afterwards, and this will affect what you can do.

Post-operative contacts:

- Conquest DSU Mon–Fri office hours 0300 131 4500 (ask for Richard Ticehurst ward)
- Eastbourne DSU Mon-Fri 8am-6pm 0300 131 4500 (ask for Day Surgery Unit)
- Eastbourne Orthopaedics outpatients matron 01323 734576

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.

It is important to prepare for an operation to reduce the risks of complications. There is information about how to do this at: <https://www.cpoc.org.uk/patients>.

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 or by email at: eshtr.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 4500 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.

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Reference

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

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Mr Utham Shanker – Consultant and Clinical lead Emergency Department EDGH

The directorate group that has agreed this patient information leaflet:

URGENT CARE

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Responsible clinician/author: Emergency Department Consultants

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