

Trigger Finger (Stenosing tenosynovitis)

What is Trigger Finger?

There are various types of trigger finger, but the most common type is where the finger can bend readily into the hand, but then locks, so that the finger will not open out straight without pulling on it. The finger, in the straight position, then works normally, until it is bent into the palm again.

Some patients will just have a trivial pain free catch; however in the most severe form it can jam the finger so that it cannot be straightened.

In other patients, the finger may not catch, but the problem might just be pain in a small area in the centre of the palm.

The correct technical term for trigger finger is 'stenosing tenosynovitis'

What causes Trigger Finger?

Trigger Finger is caused by the swelling of the tendons that run along your fingers or thumb, which can make the tendon "catch" when sliding through the tendon tunnel (fibrous flexor sheath).

In some parts this sheath is thickened into fairly strong ligaments called "pulleys". The start of the fibrous flexor sheath, or tendon tunnel, in the palm is one of these thickenings.

This swelling can then lead to the tendon becoming 'bunched' at the base of the affected finger or thumb causing the tendon to get stuck temporarily in a bent position .

Nobody knows why the thickening occurs, and it is not fully understood.

Who is most at risk to Trigger Finger?

The condition can affect anyone, of whatever age. However there are several factors that may increase the likelihood of developing trigger finger:

- **Gender** – trigger finger is more common in women than men.
- **Age** - trigger finger is more common in adults in their 40's and 50's
- **Previous hand injuries** - trigger finger may be more likely to develop after injuring the base of your finger or palm.

Patients with diabetes tend to have the condition more than other people, but it is not affected by which sort of diabetes, how the diabetes is treated, or how effective the diabetic treatment is.

There is also a form of triggering which happens in young children, which can be present from, birth,

Should I have it treated?

This all depends on how much of a problem it is for you.

The condition varies from minor stiffness for the first few minutes after awakening in the morning on occasional days, to continual painful catching every time the finger is bent.

It is advised not to leave the finger bent after triggering as that can easily become the permanent state, however, most people will never have that degree of complaint.

If you do not want the condition treated, you will not come to any harm as long as the finger is not left in a bent position.

What treatment is available?

- **Tablets** - Mild anti-inflammatory tablets or local ointments/creams can help with mild symptoms. They don't cause any harm to the condition.
- **Splints** - Some mild cases will improve or even settle fully with a number of weeks or months in overnight splintage.

The splints can be provided by occupational therapists. The splints should not be worn all the time, as they can make the fingers stiff.

- **Steroid injections** are a good treatment for this condition. 70% will be cured by one injection. If that does not achieve sufficient benefit, then the injection can be repeated.

If two injections have been given, then further injections are not likely to deal with the matter effectively. More than two 'cortisone' injections can lead to side effects, so having two as the limit keeps things safe.

The number of injections also needs to take into account the time over which they are given. If one injection stops the complaint for five years, as an example, there would be no objection to having the injection done every five years for as long as you like (but if the injections do need to be repeated every five years, the operation may be more beneficial).

- **Surgery** is used when cortisone injections have not cured the condition.

Trigger finger surgery

The operation for trigger finger is a simple and safe treatment. The operation requires attendance as a 'day case' which means

that you come in and go home on the same day, either spending a morning or an afternoon with us.

The operation is done with a local anaesthetic and should only take a few minutes to complete. There is little bleeding involved, and the operation can be done with or without a tourniquet on your arm.

A small cut is made in the skin of the palm at the base of the affected finger, fat is moved aside and then the pulley (the small ligament) is cut - your finger will work normally despite cutting the pulley. Then the skin is stitched and a bandage is applied.

We test that the operation has stopped you triggering by getting you to bend the finger just before we put the stitches in to ensure the finger has normal function.

After the operation there is a bandage on your hand for a few days, then around 10 days later we take your stitches out and apply a small dressing for a few days.

You should make a point of moving your fingers and thumb as soon after this operation as you can, to stop them getting stiff.

There is normally no need for any further treatment including physiotherapy. The hand can take up to six weeks after the operation to regain normal function.

What treatment should I have?

If the finger is catching, and you decide to have treatment then your options are between injections and the operation.

Most people get better with the injections. Surgery is not the place to start the treatment.

What happens if I don't have it treated?

Repeated triggering does not damage the finger, no matter how often it happens, meaning **you don't have to have treatment of the condition** if you don't want to.

However, most patients find that repeated triggering is annoying, and it can be painful, which is why most people come to us for treatment.

If the finger or thumb jams, so that it cannot be made to bend (or straighten) and the finger is left in this position for more than a few days, treatment has to take place to stop this becoming the permanent position for your finger or thumb.

This should not be ignored as it will become increasingly difficult to rectify the problem with surgery.

As a simple measure, hold some ice against the finger for at least ten minutes until the finger is numb. Frozen peas (left in the packet) are really good for this.

Once the finger is numb, you should be able to force the finger straight, if you put a bit of force in it. It will hurt a bit but won't cause any harm to the finger.

Once you have straightened the finger it will soon start to feel better. Taking some pain-killers about an hour before you try this may help.

If you still can't straighten your finger despite this, please ring our clinic directly, so that I can sort this out for you (I will numb your finger, so that it can be straightened without pain). We aren't in clinic at weekends, but are here each working weekday.

Further Advice

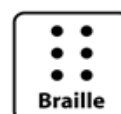
The main reason you have a consultation with the surgeon is to discuss the choice of treatment for your problem, so you should have had the opportunity for that discussion.

However, it can be difficult to take everything in during a consultation, especially when you are in our strange and sometimes frightening consultation rooms. If you feel you want further discussion, then you may arrange another appointment.

Alternatively you can discuss the matter with your GP, who will give you guidance.

Contacts

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If you require a special edition of this leaflet

This leaflet is available in large print, Braille, on audio tape or disk and in other languages on request. Please contact:

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