


Orthopaedic and Sports Injuries Services "OASIS"

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Patient Information Trigger Finger

What is it? Trigger finger is a type of tendonitis (inflammation of the tendon) that develops in the flexor tendons of the fingers.



The flexor tendons bend the fingers, and can be described as smooth, flexible, thick strings. They work in the same way as a bicycle brake cable, gliding in and out of the fingers, as it straightens and bends. The tendon is attached at one end to the forearm muscle and at the other end to the bone in the finger. The tendon glides smoothly within a tube (the tendon sheath), which holds the tendon close to the bone. Tendons can develop nodules;

lumps that catch at the entrance to the sheath causing triggering (like a knot trying to pass through the eye of a needle).

What causes it? Tendons or the tendon sheath can become inflamed by repetitive or strenuous activities, or it can simply occur for no good reason. Occasionally it can indicate general arthritic changes.

Tendon or tendon sheath swelling interferes with the normal gliding action causing the finger to click, catch ('triggering') and lock in position.

Trigger fingers may result in tenderness and swelling in the palm, stiffness, pain and clicking of the finger.

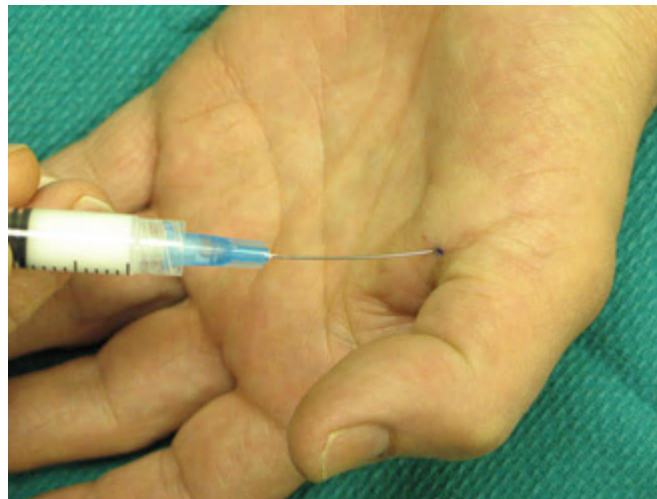
What can you do to help? In the early stages, when the finger triggers infrequently, medication may be enough to reduce your symptoms.

Take 'over the counter' non-steroidal anti-inflammatory medication (NSAID) such as Ibuprofen. Check with your Pharmacist Regarding possible side effects and drug interactions.

If this hasn't reduced your symptoms within 2 – 3 weeks then other methods of management should be explored.

How trigger finger is diagnosed? A detailed medical history is taken. An examination of the hand is carried out to confirm diagnosis of which fingers are triggering.

What can we do to help? If triggering is diagnosed, local anaesthetic and steroid is injected into the tendon sheath of the affected finger.



If you have diabetes this procedure may be carried out in the operating theatre due to the increased risk of infection.

If you have had previous injections by your GP or other Consultants further injections may not be carried out.

Following your injection you will be reviewed in clinic in approx. 6-8 weeks time.

If the injection is successful you will be discharged back to the care of your GP.

If the injection is not successful surgery may be an option.

What does surgery involve? Surgery involves an incision to release or enlarge the entrance to the tendon sheath. This allows the nodule to pass through the sheath without catching.

The surgery is carried out under local anaesthesia in the operating theatre as a day case procedure, and only leaves a small scar.

When you go home you will have a large dressing on your hand. This will be reduced after 2 days.

Normal movements of the hand can be carried out; however the hand must be kept dry during this time.

Sutures are removed at 10 days following operation.

Further dressings are usually required for a few days following this.

How successful is treatment? Injections have a good success rate in approximately 70% of patients. There is a possibility of recurrence following injection at some time in the future.

Surgery however, provides permanent relief from triggering in the majority of patients.

Further information

If you are interested in making an appointment to discuss a treatment, Please call us on telephone 01215807406

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