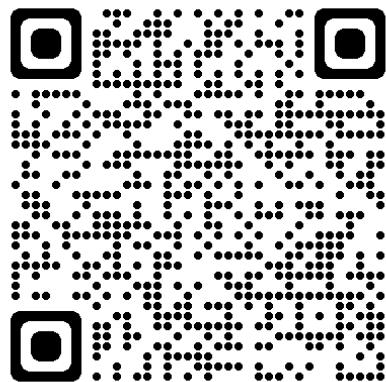




TRIGGER FINGER INFORMATION

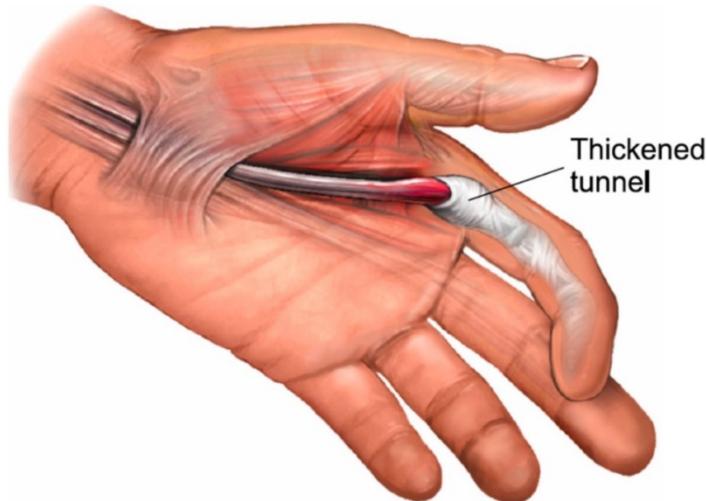


www.fifevirtualhandclinic.co.uk



What is it?

Triggering of the finger (or thumb) is a common condition. The tendons run in a tight fibrous tunnel from the palm to the fingertips. At the entrance to this tunnel the tendon can have trouble gliding, resulting in a catching sensation or 'triggering' as the finger is straightened out.



What is the cause?

In many cases the cause is unknown. However, there is an association with other conditions such as diabetes, arthritis and thyroid disease. In some cases, it may be attributed to overuse of the affected digit but this is not a proven cause.

As the tendon passes into the digit, it goes through a series of tunnels (pulleys).

Thickening at the entrance to the tunnel creates a roughness on the tendon surface. This causes inflammation to develop which narrows the tunnel and the space for the tendon to glide. This in turn causes the tendon to catch.

What are the symptoms?

Initially, the patient often feels a clicking sensation in the palm and the finger may straighten with a sudden flick. As the condition develops the digit may lock in a bent position and may need to be forcefully straightened with the other hand. This can be painful and a loud click may be heard. It can occur in one or several digits, but more commonly the thumb, middle and ring fingers are affected.

How is the diagnosis made?

Often the diagnosis is made by clinical examination alone. There is often no need for any investigations.

What is the natural history?

In many patients the triggering digit resolves on its own without any intervention. It is a generally harmless condition, and does not need to be treated if the symptoms are not bothersome. Resolution of symptoms without treatment can be slow, up to 18 months, and not all trigger fingers do resolve spontaneously.

What is the treatment?

Non-operative treatment is the mainstay as symptoms often resolve without the need for an operation:

- **Splints:** these can be helpful to reduce pain and improve function, particularly if worn regularly overnight.
- **Activity modification:** adapting the way you perform certain activities or avoid any precipitating cause may help with symptoms.
- **Hand physiotherapy:** an exercise programme can help to improve tendon gliding and reduce inflammation. Gentle massage over the affected area may also help.
- **Steroid injections:** these can offer pain relief and resolve the triggering in about 70-90% of cases. Sometimes a second injection may be required. The success rate is lower in patients with diabetes. There are risks associated with steroid injection: Infection, tendon damage and a pain reaction all occur in 1 in every 2000 patients, but overall this is a very safe method of treatment.
- **Surgery:** this is used as a last resort and one of our team will discuss this with you. This involves opening the tunnel (pulley) that the tendons normally glide through and releasing or decompressing them. This creates more room for the tendons to glide. Surgery, unfortunately does not occur without risk, and potential complications include infection, nerve injury and scar tenderness. Recurrence is not commonly seen.

You can find more information about having a hand operation, steroid injection and where to buy a splint on our website
www.fifevirtualhandclinic.co.uk.