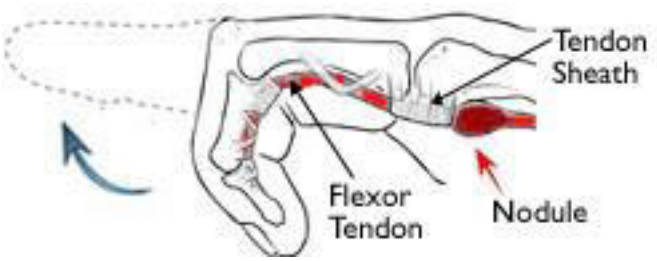
What is Trigger Finger?

Trigger finger is a painful condition in which a finger or thumb clicks or locks as it is bent towards the palm. Thickening of the mouth of a tendon tunnel leads to roughness of the tendon surface, and the tendon then catches in the tunnel mouth.



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Who gets it?

- The exact cause of trigger finger is unknown
- It most commonly occurs in patients older than 40 years,
- More common in females than males.
- Following hand trauma
- It can be associated with underlying medical conditions such as rheumatoid arthritis or diabetes.

What are the symptoms?

- Pain at the site of triggering in the palm (fingers) or on the palm surface of the thumb at the middle joint.
- Tenderness if you press over the site of the pain
- Stiffness, especially in trigger thumb where movement at the end joint is reduced.
- Clicking of the digit during movement, or locking in a bent position, often worse when waking on a morning. The digit may need to be straightened with pressure from the other hand.

compassionate care

Management

Trigger finger and thumb are not harmful but can be a painful inconvenience. Some mild cases resolve over a few weeks without needing treatment.

The options for treatment are:

- Avoid activities that cause the pain if possible.
- **Splints** may allow the condition to resolve naturally. They will hold the finger straight at night. Often using a lollipop stick held on with tape can be used as a temporary splint. Holding the finger straight at night keeps the roughened segment of tendon in the tunnel and makes it smoother.
- **Corticosteroid injection** placed within the tendon sheath around the painful nodule can improve symptoms, significantly in some cases. Corticosteroids are thought to work by reducing swelling of the tendon, allowing the tendon to move freely again. This can sometimes happen within a few days of having the injection, but it usually takes a few weeks. It's estimated that corticosteroid injections are an effective treatment for 50–80% of people with trigger finger. The success rate is lower in people that have diabetes. The risks of an injection are low but it very occasionally causes some thinning or colour change in the skin at the site of injection. A second injection may be helpful but surgery may be required if triggering persists.
- **Surgery –** Percutaneous trigger finger release with a needle. Some surgeons release the tight mouth of the tunnel using a needle inserted under a local anaesthetic injection. Others may use an open approach.
- Surgical decompression of the tendon tunnel is usually performed under local anaesthetia. Through a small incision the surgeon widens the mouth of the tendon tunnel by slitting its roof. The wound will require dressing for 10-14 days but light use of the hand will aid the recovery of movement. Pain relief is usually rapid and recurrence is relatively uncommon.

When to return to clinic

If you experience persistent triggering, increased frequency of locking or you are unable to manually unlock your finger or thumb you should return to your GP or MSK Team.

If you have any comments about this leaflet or the service you have received you can contact :

MSK (Musculoskeletal) Team
Calderdale Royal Hospital Main switchboard: 01422 357171 Extension 2677
www.cht.nhs.uk

If you would like this information in another format or language contact the above.

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obraťte se prosím na výše uvedené oddělení

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym fomacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych

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