

Trigger Finger / Thumb

What is it?

Trigger finger is a painful condition that causes the finger or thumb to catch or lock when flexed. When it affects the thumb, it is called trigger thumb. This condition occurs when tendons in the finger or thumb become inflamed. Tendons are tough bands of tissue that connect muscles to bones. Within the hand the tendons glide through a number of pulleys to keep the tendons aligned. This pulley encloses the tendon and usually a tendon sheath, which is usually well lubricated and allows it to slide freely.

Sometimes this tendon may become swollen or inflamed and a swelling may lock behind the pulley within the palm of the hand (in line with the finger). This can cause a clicking, snapping, or popping sensation as the finger is flexed and may actually require manual straightening with the other hand. This is caused by repeated movement or forceful use of the finger or thumb. Rheumatoid arthritis, gout and diabetes can also cause trigger finger or thumb. It is most common in people who are aged 40-60 years and more common in women than men, however it can happen at any age.

What are the symptoms?

The most common symptom is painful locking of the affected finger. In severe cases this may lock in a bent position and must be gently straightened with the opposite hand.

Clinical examination

Trigger finger or thumb is diagnosed with a physical examination. There may be some swelling or a palpable lump over the tendon in the palm of the hand. The finger may also be locked in the bent position and be stiff and painful.

What investigations are required?

Usually, no investigations are required to diagnose trigger finger.

What are the treatment options?

There are two main options for treatment of trigger finger or thumb. These are:

Non-operative Treatment

This includes anti-inflammatory medication and splinting, but this is not frequently used. Dr Taylor may recommend a steroid injection into the tendon sheath to avoid a surgical approach.

Operative Treatment

Surgery is usually performed under a day-case procedure under local anaesthetic. A tourniquet is placed above the elbow to ensure a bloodless field. The procedure usually takes about 10 minutes to complete. A transverse or oblique incision is made over the palm in line with the affected digit. The pulley is divided, allowing the tendon to move freely within the palm. The skin is sutured closed, and dressings are applied. The patient is usually able to return home the same day as the procedure.

Post-operative Rehabilitation

The patient is fit to go home soon after the operation. The anaesthetic will wear off after approximately 6-8 hours and simple analgesia usually controls the pain (which is started before the local anaesthetic wears off). The hand should be kept elevated but there are no limitations on finger movements and are in fact actively encouraged. The bandage dressings are usually removed after 48 hours and the sticky dressing over the wound is usually left for about 10 days. The sticky dressing and sutures are usually removed after 10-14 days. Most patients notice an improvement in their symptoms within the first few days, but some patients have ongoing symptoms for up to three months following surgery. Patients are advised to keep the wound dry until the sutures are removed. Most patients can return to their daily activities almost immediately after surgery, however patients whose work requires gripping or heavy manual labour may be required to wait until the sutures have been removed.

Possible complications

Overall, greater than 95% of patients are happy with the results of the surgery, however complications do occur sometimes.

Some complications specifically related to hand surgery include infection (less than 1% chance), neuroma (less than 1% chance) which is a damaged nerve that becomes painful on reattempts to regenerate, numbness, chronic regional pain syndrome or reflex sympathetic dystrophy (1-2% chance) which is a reaction to surgery which can cause painful or stiff hands.