

RELEASE OF TRIGGER FINGER

This leaflet contains information about the procedure of trigger finger release. It explains a little about what will happen before, during and after your operation and tries to answer some of the questions you may have.

Trigger finger release is necessary when the tendon that bends your finger catches at the pulley in the palm of your hand at the base of you affected finger.

It is usually a persisted problem that fails to /or stops responding to injections of steroid and local anaesthetic.

It is a complaint that can affect all fingers and thumbs, sometimes more than one finger at once.

What are the risks in having this operation

1. Wound infection
2. Bleeding and bruising
3. Haematoma (collection of blood under the skin under the wound)
4. The problem can come back
5. Nerve and blood vessel damage

What kind of anaesthetic can I have?

Your operation can be carried out with either a local, regional or general anaesthetic. You will have agreed to the type of anaesthetic before you went onto the waiting list. A regional or general anaesthetic is required if more than one finger needs operating on.

The local anaesthetic will just the area of skin were the cuts need to be made, you will still be able to feel your fingers.

The anaesthetist would give the regional anaesthetic. It involves giving you local anaesthetic around each of the three main nerves that supply the hand.

If you have a general anaesthetic, you will be asleep during the operation. The anaesthetist will speak to you before your operation to discuss any concerns you may have and check with you when you last had anything to eat and drink.

What happens during the operation for trigger finger release?

At the start of this operation a tourniquet is placed around your arm to reduce the blood supply to the area the doctors want to operate on, this can be placed at the top of your upper arm or your wrist. The tourniquet is very tight, you will feel the effect if you have had a local anaesthetic it is necessary for the operation to reduce the blood flow to the hand. Your skin will be washed with an antiseptic lotion and your arm will then be draped in sterile sheets to give the surgeon a very clean area to work in.

A small cut is made over the area of the pulley in the palm of your hand and the skin is held back out of the way whilst a cut is made through the pulley to allow the tendon to move freely. A check is then made to see the tendon moving and to identify thickening on the tendon that has caused your problem. This is done by bending the affected finger.

When the doctor is happy with the movement of the fingers, stitches are put into the skin surface. A dressing is then applied to the hand.

The tourniquet is then removed.

How will my hand be dressed after my operation?

There will be a small white dressing covering the stitches which need to remain in for 10-14 days.

On top of that there will be a pressure bandage to help control swelling and bleeding, this is made up of cotton wool and crepe bandage. The pressure bandage can be removed in 3 days. The dressing covering the stitches needs to stay in place until the stitches are removed in 10-14 days

It is very important that you keep your dressings dry this is to minimise the risk of infection. When washing with the dressing in place, you may fit a plastic bag, a double one is more secure, over your hand and arm and seal it with tape to keep it dry.

What are the benefits of surgery?

A finger that moves freely, without the triggering action and pain relief.

What are the alternatives to surgery?

The alternative to surgery is injections of steroid and local anaesthetic, but these are usually given before considering surgery as a first line of treatment. Once a decision to perform surgery has been made it is considered the treatment of choice for the patient.