

Information about Trigger finger

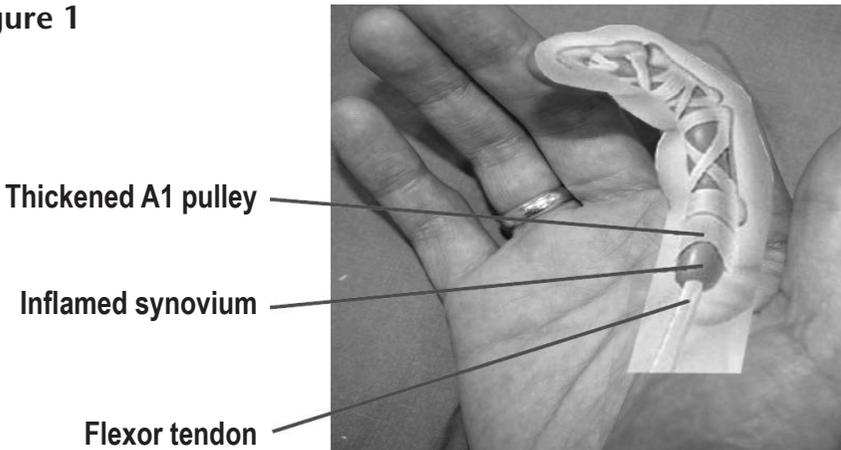


What is trigger Finger?

Trigger finger is a common condition which may affect any finger or your thumb. It is caused by either a thickening of the tendon as it passes through a small pulley (like a tunnel) at the base of the finger or by a narrowing of the tunnel (pulley), so the tendon gets stuck.

As a result it causes pain in the palm of your hand and usually causes the middle joint in your finger or the end joint of your thumb to catch and even lock at times. (See figure 1).

Figure 1



What causes trigger finger?

In most cases there is no known cause.

Who gets it?

- Most cases occur in healthy adults for no apparent reason
- It is more common in people with certain conditions such as diabetes or inflammatory conditions such as rheumatoid arthritis
- It can start after an injury such as a knock on the hand
- It is not caused by osteoarthritis
- It is more common in women than men

- Contrary to popular opinion there is no evidence that it is more common in people who use their hand repeatedly i.e.: It is not necessarily work related. Although certainly the pain and sticking can be aggravated by using the hand for gripping activities.

What are the symptoms?

- Stiffness and clicking when you move your finger or thumb, it is usually the middle joint that sticks
- The symptoms are worse first thing in the morning
- Pain or tenderness in the palm of your hand at the base of your finger. You can often feel a bump (nodule) where the tendon is catching at the A1 Pulley (See figure 1)
- In more severe cases the finger can get stuck in a bent position and you need to use your other hand to straighten it
- Less common but sometimes the finger gets stuck straight and you are unable to bend it.

What are the treatment options?

Splinting and anti-inflammatory gels

Sometimes trigger fingers will get better with time and you need do nothing but simple things you can try are:

- A) Try to avoid repetitive gripping activities but try simple stretching exercises e.g. fully bending and straightening the finger a few times a day to avoid the finger and joints in the finger becoming stiff.
- B) You can apply anti-inflammatory gels to the base of the finger where it is tender. If you are planning to use anti-inflammatory gels you should check with your pharmacist if there is any reason you should not use it.
- C) Splinting the finger straight at night. You can splint the finger simply by using a lollypop stick running down the front of your finger in to the palm of your hand attached with tape. You can also buy custom made splints off the

internet. Stopping the finger from bending means it won't get stuck at the pulley and the irritated tendon gets a chance to rest and settle down. You could try this for about 3 weeks. You should stop splinting the finger if your skin looks red and irritated, blistered or develops a sore.

Steroid injections

A steroid is injected around the tendon and helps to settle down the inflammation. Around 70 - 80% (7-8 out of 10) of trigger fingers will resolve with one steroid injection. For the remaining 20- 30% (2- 3 out of 10) some times a second injection is required. If you are considering a steroid injection please read the enclosed leaflet that tells you more about steroid injections.

It may be possible that your GP practice or local physiotherapy department may be able to inject your finger but if this is not possible we would be happy to arrange this for you.

If you have had 2 injections for the same trigger finger and it returns within a year or so you may wish to consider a surgery.

Surgery

This is a day case procedure and you will usually have a local anaesthetic. The surgeon will numb your finger then make a small cut in the palm of your hand which allows them to release the tight band (A1 Pulley) which is constricted the tendon and causing it to get stuck and catch. This is low risk surgery but does have a period of recovery and potential complications. These will be discussed more fully with you at clinic if you are considering surgery.

What do I do now?

After reading this leaflet if you feel you require an appointment please contact us on the number provided on the covering letter. If you feel you do not need treatment at the moment. You do not need to take any further action.