

Trigger Finger

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Condition

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Definition

Trigger finger is a condition in which a finger or thumb catches, clicks, or locks when bent toward the palm. It is caused by a thickened pulley – a band that normally holds the tendon close to the bone – interfering with smooth tendon movement. In more severe cases, the affected finger may become stuck in a bent position and require manual straightening.

Causes

The exact cause of trigger finger is not fully understood, but it is more commonly observed in individuals with diabetes. It can also be associated with conditions such as rheumatoid arthritis, gout, or may develop following repetitive or excessive strain on the flexor tendons.

Signs and Symptoms

Pain typically occurs at the base of the affected finger or thumb, often in the palm. A clicking or catching sensation may be felt during movement, and in more advanced cases, the finger or thumb can become locked in a bent position, requiring manual straightening. If left untreated, stiffness may develop in the joints further along the finger or thumb.

Diagnosis

A good description of the symptoms and a careful examination is often sufficient to make the diagnosis.

Treatment

Mild symptoms may improve with rest, pain medication and physiotherapy. Injections of local anesthetic and corticosteroids between the tendon and the pulley can relieve symptoms in up to 70% of cases, though they are less effective in patients with diabetes.

If symptoms persist, a surgical procedure may be required to release the tight pulley and restore smooth tendon movement.

Dr. Bernard Lallemand will guide you through the best treatment options tailored to your specific case.

Surgery

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Indications

This surgery is performed to alleviate ongoing irritation of the tendons in the finger or thumb caused by the tight strap.

In most cases, symptoms improve with rest and corticosteroid injections, so only a small proportion of patients ultimately require surgical intervention.

Surgery Procedure

Trigger finger or thumb release is a day case procedure, which means you can go home the same day. It is usually performed under local or regional anesthesia, so only the area being operated on will be numb.

Once the anesthesia is in place and the area is disinfected, the surgeon will make a small skin incision of about 1 cm to access and release the tight strap over the tendons that control movement of the thumb or fingers.

In rare cases, an additional procedure (partial tenotomy) on the superficial flexor tendon may be considered if the finger has advanced stiffness of the proximal interphalangeal joint.

This procedure is done under direct vision, using magnifying surgical loupes for enhanced precision.

At the end of the surgery, the surgeon will close the skin with absorbable stitches.

A complementary anaesthetic will be given at the end of the procedure with Ropivacaine to

keep the operated area numb for 12 to 24 hours, allowing better management of post-operative pain.

A dressing and padded bandage will be applied upon leaving the operating room.

After the Surgery

You don't need to immobilize your fingers, and you will be able to move them quickly to prevent the tendons from sticking together or to the skin. This helps in better recovery and prevention of adhesions.

Risks

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What Are the Main Risks of This Operation?

Swelling, Stiffness, & Scar Pain

After the operation, you might experience swelling, stiffness, and pain around the scar. Keeping your arm elevated and moving your fingers as soon as possible can help reduce these symptoms. Local swelling around the surgical site can last for several months.

In rare cases, some patients may experience more swelling and stiffness than usual, sometimes due to complex regional pain syndrome (CRPS), which affects less than 1% of cases.

Infection

Infections after this operation are rare (less than 1% of cases).

Local wound infections can usually be treated with oral antibiotics. In rare instances, deeper infections may occur, requiring hospital readmission, intravenous antibiotics, and sometimes additional surgery.

Nerve Injury

The nerves most susceptible to injury during this procedure are small branches that supply the skin near the scar. Occasionally, the ends of these nerves may feel tender after surgery, but this usually improves with time.

The nerves that innervate the finger or thumb are located close to the flexor tendons; however, when the procedure is performed by an experienced hand surgeon, nerve injury is extremely rare.

Proximal Interphalangeal Joint Stiffness

If the triggering has been present for a while, stiffness

may develop in the first finger joint (proximal interphalangeal joint). In such cases, stretching exercises or splinting are needed after the triggering is released to help restore full finger extension.

Improvement is usually gradual and may take several weeks.

Residual Symptoms

This can happen if the tendons have been irritated or damaged by prolonged friction beneath the tight pulley. After the pulley is released, the tendons typically recover over time. However, in rare instances, a portion of the pulley may remain around or between the tendons, potentially causing persistent symptoms. In such cases, further surgical intervention may be required.

By understanding these potential risks, you can be better prepared for the recovery process. Always follow Dr. Bernard Lallemand's advice and report any unusual symptoms immediately.

Preoperative course

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Medical Check-Up and Tests

Health History: Share your medical conditions, allergies and past surgeries.

Medications: Inform your doctor about all medications, especially blood thinners.

Tests: Ensure to bring all tests, such as X-rays, MRI or CT scans.

Understanding your Surgery

- **Know the Purpose** of the surgery and what it aims to achieve.
- **Ask your doctor** about the steps, risks, benefits, and alternatives.
- **Give your informed Consent** after understanding the procedure.

Pre-Anesthesia Consultation (PAC)

You will meet with the anesthetist to discuss your health and the anesthesia options.

If you have any existing health issues, additional checks may be required to ensure everything is safe for the anesthesia.

Emotional and Practical Preparation

- Arrange for someone to assist you after surgery
- If you're anxious, discuss support options

with your doctor.

- Also, stop smoking and limit alcohol intake before surgery to support healing.

2 Days before Surgery

Wash the Surgery Site area twice a day with regular soap (unless you have a cast) and follow any additional instructions from your doctor for cleaning the area.

Night before Surgery

You should **not eat nor drink anything** after **midnight** or generally **6 to 8 hours before surgery** unless your doctor advises otherwise.

Take a bath or shower, wash your hair, and ensure your nails are clean and free of polish.

Day of the Surgery

Be sure to arrive **3 hours in advance** for your surgery, and bring your ID (Emirates ID or passport) and insurance card

- **Wear loose clothing** that can easily fit over dressings or a cast
- **No Makeup or Jewelry:** Remove all jewelry, piercings, and skip eye makeup for the day.
- **Take Your Medications:** Follow your doctor's instructions for taking your medications.
- **Bring Essentials:** If you wear glasses, contact lenses, or hearing aids, make sure to bring them along.

Postoperative course

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Day of the Surgery

- After the operation, a dressing and padded bandage will be applied.
- Keep these dressings clean and dry.
- To reduce swelling, keep your arm elevated in a sling or on pillows.
- Start moving all the unaffected joints immediately after the operation to prevent stiffness
- Take painkillers before the anesthetic wears off and continue as necessary.

Day 2 - 14

The padded bandage will be changed in consultation by a nurse and will be replaced by a sticking plaster over the wound to protect it. Ensure the wound stays clean and dry.

This bandage will be changed regularly according to Dr Bernard Lallemand's advice.

Continue gently exercising your hand and wrist. You can use your hand for light activities but avoid heavy lifting and prolonged periods with your hand hanging down below your waist.

2 - 6 Weeks

A wound check and removal of the stitches should occur between 10 and 14 days after your surgery. The details will be arranged on the day of your first visit.

Gradually increase activities with your hand and wrist as comfort allows.

Once the wound is completely healed, a daily

session of 10 minutes massaging the scar with moisturized hand cream is often useful to reduce swelling of the scar.

After 6 Weeks

Most people return to normal activities by this stage, although scar massage may still be beneficial.

Driving

You may drive when you feel confident to control the car, even in an emergency.

Time Off Work

The amount of time needed off work will vary depending on the nature of your job. For light office Job, you may only need a few days off work. For heavier Job, you may need a longer period off work. Discuss your individual case with your surgeon.

Post Operative Difficulties

Contact Dr Bernard Lallemand's service if your fingers are more swollen, stiffer or painful than expected, and if you see any discharge, wetness, or detect any unpleasant odours under your dressing.

Outside normal working hours, you may need to attend Emergency Department for help with these issues.

Postoperative physiotherapy

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Immediate Postoperative Period (Day 0–Week 2)

- Dressings: Keep wound clean and dry; change dressings as instructed by the surgeon
- Pain Management: Use prescribed analgesics and elevate the hand to reduce swelling.
- Mobility Exercises: Begin gentle active range of motion (AROM) exercises for unaffected joints.

Early Rehabilitation (Week 2–Week 6)

Wound Care: Stitches removed (if nonabsorbable); monitor for signs of infection.

Initial Evaluation: A physiotherapist will perform an initial assessment to check the hand and wrist.

Splinting: night splinting for finger extension might be needed; wear during sleep.

Therapy Focus:

- Gentle active and passive range of motion (AROM/PROM) of the fingers.
- Scar management techniques (e.g., massage, silicone gel sheets).
- Edema control through compression or elevation.
- Gradually introduce light functional tasks to improve hand use.
- Dynamic splinting for resistant contractures (if advised by the therapist).

Strengthening and Functional Recovery (Week 6–Week 12)

Therapy Focus:

- Progressive strengthening exercises, including grip and pinch training.
- Advanced scar desensitization if tenderness persists.

Functional Goals: Encourage participation in daily activities requiring hand dexterity.

Long-Term Maintenance (Week 12 and Beyond)

Home Program: Continue with daily exercises for strength and flexibility.

Follow-Up: Regular check-up with the surgeon and therapist to monitor recovery and address recurrence.

Lifestyle Modifications: Avoid repetitive hand trauma or stress that may contribute to recurrence.

Most patients transition through therapy without complications and typically require 6 - 10 therapy visits. Always follow your physiotherapist's instructions for the best recovery