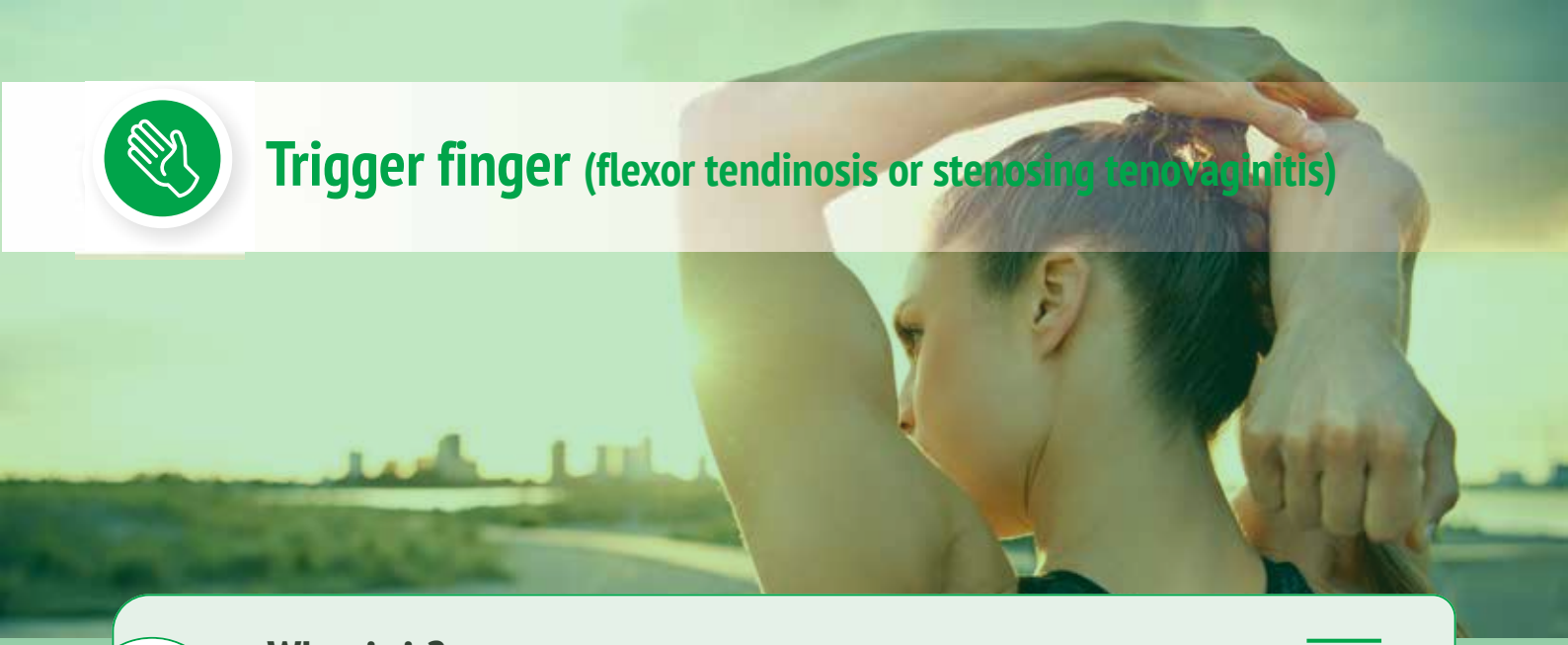

# Trigger finger (flexor tendinosis or stenosing tenovaginitis)

## What is it?

The flexor tendons move inside a tunnel system within the finger.

Thickening of the tendon or a narrowing of the tunnel may interfere with tendon gliding – resulting in pain, loss of flexion, clicking or locking of the digit.

## How is it diagnosed?

Trigger finger is diagnosed on the basis of the history described above, and by clinical examination. When there is doubt, an ultrasound scan can confirm the diagnosis.

## What is my approach to treatment?

70% of patients are cured with a single depot steroid injection. If this fails then surgery offers a definitive solution.

## What does an operation involve?

Surgery is normally carried out as a day case under local anaesthetic. A tourniquet is usually not require due to a novel anaesthetic technique (WALAT), employed by Mr Perez since its publication, that greatly improves comfort for the patient.

The mouth of the tendon tunnel is simply divided with a knife and the skin closed with non-absorbable sutures. A long acting local anaesthetic injection is then administered to provide pain relief. Finally, a dressing and bandaging are applied.


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## What is the recovery period?

Once the local anaesthetic has worn off, normally 6 to 8 hours, simple analgesics and anti-inflammatory tablets may be used for pain.

The hand should be kept elevated as much as possible during the first 48 hours although finger movements are to be encouraged. A high-arm sling may be useful for this purpose.

Bandaging is reduced after 5 to 7 days. Sutures are removed in the clinic after two weeks. It is then possible to wet the hand.Prior to this it's possible to shower by keeping the extremity dry with a plastic bag secured over the limb using an elastic band or a purpose made shower cover.

Most pain and swelling will have settled within four weeks after surgery.

Driving is usually possible after seven days.

When a patient is ready to return to work depends on their specific job role and may also vary from individual to individual. It may be possible to return to light keyboard work towards the end of the first week. Heavy manual work should be avoided until sutures have been removed.

## Are there any possible complications?

Over 95% of patients are satisfied with the end result.

However, as with any treatment, there are always risks involved: infection: 2% or less. chronic regional pain syndrome: 2%, recurrence: 1%, nerve injury: extremely rare

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