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## Trigger Finger / Trigger Thumb

Trigger finger or thumb occurs when a finger or thumb locks or clicks as it is straightened. This is usually painful. Fingers can get stuck in the flexed (curled up) position, or occasionally stuck out straight.

Thickening of the tunnel (sheath) that tendons run in leads to irritation and swelling of the tendon. A cycle of swelling/sticking occurs, and a discrete nodule can arise on the tendon. Triggering is quite common in patients over 40.

There is usually pain and tenderness in the palm where the tendon enters the sheath (under the palm creases for the fingers, and at the base of the thumb). Symptoms are usually worst first thing in the morning, and patients may wake up with their digit stuck. Sometimes the other hand is needed to straighten it out, and in very severe cases, this may be impossible.

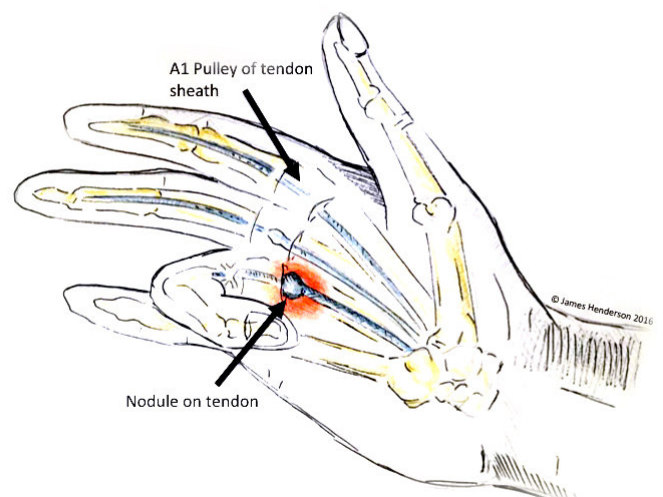
Triggering can occur after injury, sport, or hard work e.g. in the garden. Triggering often occurs in those with rheumatoid arthritis, and is more common in diabetic people. Most patients, however, have no specific cause identified.

## Treatment

Trigger finger can range in severity from an occasional inconvenience, to being very painful and disabling.

Splinting the finger straight at night can be helpful in mild cases; this keeps the swollen tendon/nodule within the sheath and can reduce the swelling.

Steroid injections can be of benefit to most patients, and can be done in the outpatient clinic. Injections are very safe but occasionally can cause skin thinning or injury. In about a third of patients this solves the problem permanently, in



another third the problem is cured for a period and then returns, whilst another third may have little benefit.

Surgical decompression of the tendon tunnel can be performed under local anaesthetic with injections into the palm, regional anaesthetic (when the whole arm is made numb), or if preferred, under general anaesthetic. The procedure involves releasing the first part of the tendon sheath. This is done through a small incision in the palm. Nerves and other structures are protected, and the tendon is carefully released. Patients are put into a bandage for a week, and then a smaller dressing for the second week. People typically return to work at 2–4 weeks depending on their occupation.

These options will be discussed fully at your consultation and we will decide together which treatment is best for you.

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