



Q & A

Trigger Finger

What is trigger finger?

A trigger finger is characterized by intermittent locking or snapping of the finger joints. The affected finger is slowly flexed and snaps or triggers into a flexed position. Once the finger triggers, extending it is difficult. Occasionally, the trigger digit must be extended manually using the unaffected hand. In adults, this condition affects the ring and middle finger most commonly. In children, the thumb is most commonly affected and when it occurs in children, it is most likely a congenital problem.

What causes the finger to trigger?

In trigger fingers, a nodule or a swelling usually develops on the flexor tendon, most likely in response to irritation of the tendon in the tendon sheath. This swelling or nodule then impinges on one of the fibrous tissues encircling the tendon known as the A1 pulley, and the result is triggering when the digit is extended. This is a self-perpetuating problem; the irritation from the triggering prevents the swelling from going down. In children less than two years old, a congenital narrowing of the tendon sheath known as the pulley may be present, resulting in congenital trigger digit, most commonly the thumb.

What are the causes of trigger finger?

There are various fractures that can lead to trigger finger. Repetitive activity such as typing can lead to swelling in the tendon resulting in trigger finger. Other conditions such as diabetes, gout, and rheumatoid arthritis are associated with the development of this condition.

What are the treatment options for trigger finger?

In adults, trigger fingers can be treated with injection of lidocaine and cortisone into the tendon sheath. A single injection results in a 35% to 84% success rate. I do not advocate multiple injections as steroids can weaken the tendon which may lead to spontaneous tendon rupture. For those of whom nonoperative therapy fails, surgical release of the pulley has a 98% cure rate.

What are the risks of surgery?

Surgical risks vary among patients. In general, the risks include but are not limited to bleeding which is minimal, infection (less than 0.6%), nerve or vessel damage, pain, scar, recurrence (about 1%), and anesthetic risks. In most cases, these risks are low and the potential benefits of surgery outweigh the risks of the procedure. We have an excellent and experienced team of orthopedic surgeons, anesthesiologists, nurse anesthetists, and perioperative nurses who all strive to assure your optimal surgical experience and outcome.

What can I expect during healing?

Usually no restrictions are placed on activities after injection. After surgical release, the hand is bandaged for several days. Gradual return to activities is recommended and physical therapy is occasionally needed.