

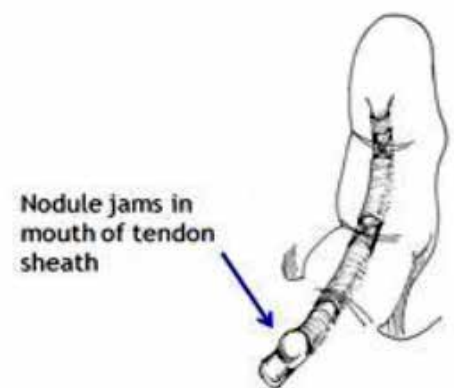
Trigger Finger / Thumb

The aim of this information sheet is to give you some understanding of the problems you may have with your wrist. It has been divided into sections, describing your wrist, what we know about De Quervain's, and your treatment options. It is not a substitute for professional healthcare advice and should be used in conjunction with verbal information given by your GP or Physiotherapist.

What is it?

Trigger finger (or thumb) is a condition in which a finger or thumb clicks or locks as it is bent towards the palm. It is an irritating condition that can interfere with function of the hand, but it is not harmful.

You may have noticed a small swelling at the base of the finger or thumb, which moves when you move your finger. At this point the tendon runs through a small tunnel attached to the bone, which can also become tight. When the tendon swells it sticks at the tunnel and the finger or thumb becomes stuck. We do not fully understand why the tendon swells



What causes trigger finger?

We do not know what causes trigger finger. It can occur at any age from babies to the elderly and affects both men and women. However, some other conditions can increase your risk or make the complaint worse:

- Diabetes.
- Rheumatoid arthritis.
- Very occasionally some jobs seem to be associated with trigger finger.

What are the symptoms?

- Pain in the palm (fingers) or on the palm surface of the thumb,
- Tenderness if you press on the site of pain.
- Clicking of the finger or thumb during movement, or locking in a bent position. This can often be worse on waking in the morning. The finger may need to be forced straight with the opposite hand.
- Stiffness, especially in trigger thumb where movement of the end joint is reduced.

What are my treatment options?

Trigger finger and trigger thumb are not harmful, but can be bothersome. Some mild cases recover over a few weeks without treatment. The options for treatment are:

- Avoiding activities that cause pain, if possible
- Using a small splint to hold the finger or thumb straight at night. A splint can be fitted by a hand therapist, but even a lollipop stick held on with tape can be used as a temporary splint. Holding the finger straight at night keeps the roughened segment of tendon in the tunnel and makes it smoother.
- Steroid injection relieves the pain and triggering in about 70% - 80% of cases, but the success rate is lower in people with diabetes. Improvement may occur within a few days of injection, but may take several weeks. Surgery may be needed if triggering persists.
- Surgical decompression of the tendon tunnel. The surgery is usually done under local anaesthetic. The wound will require a small dressing for 10-14 days, but light use of the hand is possible from the day of surgery and use of the digit will aid the recovery of movement. Although the scar may be red and tender for several weeks, it is seldom troublesome in the longer term. Recurrence of triggering after surgery is uncommon.

Try to stay positive. There is a lot you can do to help yourself. Most symptoms do settle with time.

Useful website: www.nhsinform.co.uk/msk/