

Patient information

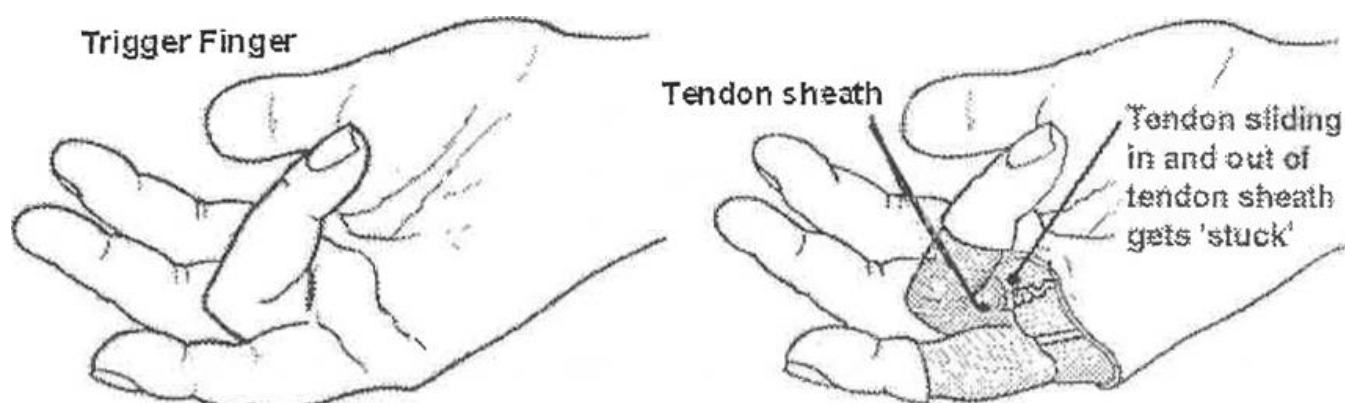
Trigger Finger

What is trigger finger?

A trigger finger (also known as stenosing tenosynovitis) is a finger that becomes 'locked' after it has been bent (flexed). It is difficult to straighten out without pulling on it by the other hand. Initially the finger may just intermittently catch.

You may hear a click when it is pulled straight. This clicking may be worse in the morning. Sometimes there is mild pain and/or a small swelling at the base of the affected finger.

One or more fingers may be affected. Trigger finger most commonly affects your ring finger or thumb.



What causes trigger finger?

The cause is often not clear. It is thought to be due to some inflammation which causes swelling of a tendon or tendon sheath.

- A tendon is a strong tissue that attaches a muscle to a bone. In this case the tendon comes from a muscle in the forearm. It passes through the palm and attaches to the finger bone. The muscle pulling on this tendon bends (flexes)

the finger towards the palm.

- A tendon sheath is like a tunnel that covers and protects parts of a tendon. Normally, the tendon slides easily in and out of the sheath as you bend and straighten the finger. In trigger finger the tendon can slide out of the sheath when you bend your finger, however, it cannot easily slide back. The finger then remains bent (flexed) unless you pull it straight with your other hand.

Most cases occur for no apparent reason in healthy people. Around 2 in 100 people develop trigger finger. It is more common if you are aged over 40 and if you are female. Sometimes trigger finger occurs as a feature of another disease. For example, trigger finger is more common in people with rheumatoid arthritis or diabetes.

What is the treatment for trigger finger?

Not treating is an option at first

Around one in five cases will improve without any treatment. Simply resting the hand and allowing any inflammation to settle may resolve the problem without the need for treatment. You may be advised to take some anti-inflammatory drugs (for example, ibuprofen).

Splinting

Your symptoms may improve if your finger (or thumb) is strapped to a plastic splint so that it is completely straight. Some people wear a splint just at night.

A steroid injection

A steroid injection into the tendon sheath is one treatment if the condition does not settle. The steroid is combined with a local anaesthetic to make the injection less painful. Steroids work by reducing inflammation and swelling. This treatment works in about 8 in 10 cases. A second injection after 3 months may be needed if the first does not work.

Surgery

An operation done under local anaesthetic may be advised if the above does not work. A small cut is usually made at the base of the finger and the tendon sheath is widened. The operation is usually very successful. However, with an operation there is a small risk of damaging the finger nerve and causing some numbness to the finger. Also, as with any operation, there is a small risk of any wound becoming infected.

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the [disabledgo](http://www.disabledgo.com) website link below:

<http://www.disabledgo.com/organisations/west-suffolk-nhs-foundation-trust/main>

© West Suffolk NHS Foundation Trust