

Trigger Finger

What is a trigger finger?

A trigger finger or trigger thumb is also known as 'Stenosing Tenosynovitis'.

The ability of the fingers and thumb to flex is a result of tendons pulling around a series of pulleys on the palmar side of the finger. These tendons originate from muscles in the forearm, travel through a tunnel in the wrist and subsequently through a tunnel (flexor sheath) in the fingers which contains the pulleys. Without these pulleys the tendon would 'bowstring' forward as the finger flexed, resulting in decreased strength and grip.

To permit easy gliding of the tendons under this series of pulley the tendon has a slick lining of tissue called the tenosynovium. Trigger finger results when the tendon develops a nodule or if there is swelling of the tenosynovium. As the finger flexes and extends the swollen tendon has to squeeze past the opening of the flexor sheath. This results in a popping or catching sensation. If this happens repeatedly the tendon becomes inflamed and swollen which results in an exacerbation of the condition or vicious cycle. Sometimes the swelling may result in complete blocking of the tendon at the opening of the sheath resulting in the patient being unable to straighten the finger.

What is the cause of a trigger finger?

In most cases it is not possible to identify the cause. It may be seen in some medical conditions such as gout, diabetes and rheumatoid arthritis.

Treatment

The aim of treatment is to prevent the locking or catching and to allow the tendon to glide freely within the flexor sheath without discomfort.

Simply reducing the swelling may alleviate the symptoms and this may be achieved with splints or injections of anti-inflammatory medication such as cortisone into the flexor sheath. Frequently non-operative forms of treatment are not sufficient and surgery is warranted.

Surgery may be performed under a local or general anaesthetic and is usually a day case procedure. Surgery consists of a small incision in the palm at the base of the affected finger. The mouth of the flexor sheath is widened by surgical division and this results in rapid and usually complete resolution of the triggering.

Post operatively the hand is dressed and elevated as much as possible to attempt to minimise swelling. Early finger movement is strongly encouraged, especially full straightening (extension). Normal movement and function of the hand may be commenced almost immediately.