



Practice
Plus
Group

Trigger finger



Information for Guided Patient Management

Provided by

Practice Practise Group MSK Buckinghamshire

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What is trigger finger?

Trigger finger is caused by a problem with a tendon in your finger when it gets stuck in a ligament on the palm of the hand. It is often worse in the mornings. It can happen in the finger or thumb (trigger thumb).

Tendons are long cords that run along the length of each of your fingers, connecting your finger bones to the muscles in your forearms. They run through a tunnel (called a tendon sheath), which has bands of tissue that hold your tendon in place, called pulleys. This system normally allows your tendon to move smoothly as you bend and straighten your fingers.

When the tendon or sheath becomes swollen, it can no longer slide easily through and it can become bunched up to form a nodule. This produces locking or clicking when finger or thumb moves. If the problem becomes severe, your finger can sometimes get stuck (locked) in a bent position.

Why does trigger finger happen?

The exact reason why this occurs is not fully understood. It tends to be more common in adults between 40-50 years and women are more commonly affected than men. Previous injury to the hand may be a predisposing factor.

It can be frequently seen in patients with long term conditions such as diabetes, rheumatoid arthritis, gout, under active thyroid and carpal tunnel syndrome. Some people have a tendency for multiple digits to trigger at different times.

What are the signs and symptoms?

Pain in your finger or thumb when you move it or press on it is the main symptom. A small tender nodule or swollen section of tendon at the base of the affected finger or thumb can sometimes be felt. Stiffness or clicking when you move the affected finger or thumb, particularly first thing in the morning is also a common sign.

How do we treat trigger finger?

In one in five cases trigger finger improves on its own over 6 months. Local anti-inflammatory gel, massaged in can help e.g. Ibuprofen gel. Anti-inflammatory medications like Ibuprofen help reduce swelling and pain. Rest is important, avoiding activities that aggravate the symptoms and wearing a splint can often provide relief.

Corticosteroid injection into the tendon sheath may help ease the symptoms completely, a small quantity of steroid and local anaesthetic is injected. The recommendation is one or two steroid injections which usually resolve the issue.

There are some tiny risks involved with the steroid injection: infection, weakening tendon, making darker skin pale, damage to nerve, temporary adjustment of insulin requirement in people with Diabetes.

If other treatments have not resolved the problem, then surgery is an option. The operation is usually very successful. This is usually a Day Case procedure and the operation can be done under local anaesthetic.

