The Dudley Group
NHS Foundation Trust

Trigger finger and trigger thumb

Orthopaedic Department

Patient Information Leaflet

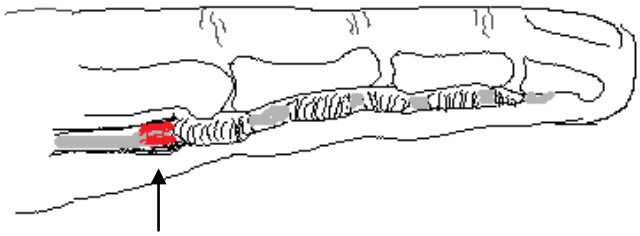
What is trigger finger?

Trigger finger is a painful condition in which a finger or thumb clicks or locks as it is bent towards the palm.

Constriction of the mouth of a tendon tunnel leads to the tendon catching at the tunnel mouth. The tendon cannot move freely and it causes a sensation of catching with restricted movements of the finger, and when severe the finger can lock. Often there is thickening or a nodule (knot) formation of the tendon which makes the condition worse.

What is the cause?

Causes are not always clear. It is sometimes associated with medical conditions like diabetes, gout or rheumatoid arthritis, and local trauma may be a factor in some patients, but in the majority of patients there is no clear cause.



Thickening of tendon of the finger in its sheath at the mouth of the tunnel

What are the symptoms?

- Pain at the site of triggering in the palm (fingers) or on the palm surface of the thumb at the middle joint, usually in a person over the age of 40.
- Tenderness if you press on the site of pain.
- Clicking of the digit during movement, or locking in a bent position, often worse on waking in the morning. The digit may need to be straightened with pressure from the opposite hand.
- Stiffness, especially in trigger thumb where movement at the end joint is reduced.

What is the treatment?

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

1. Avoiding activities that cause pain, if possible.
2. 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.
3. Steroid injection relieves the pain and triggering in about 70 per cent of cases, but the success rate is lower in people with diabetes. The risks of injection are small, but it very occasionally causes some thinning or colour change in the skin at the site of injection. Improvement may occur within a few days of injection, but may take several weeks. A second injection is sometimes helpful, but surgery may be needed if triggering persists.
4. Surgical decompression of the tendon tunnel. The anaesthetic may be local (injected under the skin at the site of operation) regional (injected in the armpit to numb the entire arm) or a general anaesthetic. Through a small incision, and protecting nerves that lie near the tunnel, the surgeon widens the mouth of the tendon tunnel by slitting its roof. The wound will require a small dressing for 10 to 14 days, but light use of the hand is possible from the day of surgery and active use of the digit will aid the recovery of movement. Pain relief is usually rapid. 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.

Further information

Orthopaedic and Fracture Clinic:
Monday to Friday
Tel: 01384 456111 ext. 2220

If you have any questions, or if there is anything you do not understand about this leaflet, please contact:

The Orthopaedic and Fracture Clinic on 01384 456111 ext. 2220 (Monday to Friday)

Russells Hall Hospital switchboard number: 01384 456111

This leaflet can be downloaded or printed from:

http://dgft.nhs.uk/services-and-wards/trauma-and-orthopaedics/

If you have any feedback on this patient information leaflet, please email dgft.patient.information@nhs.net

This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.

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Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

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Originator:	Mr M Sinha
Date originated:	March 2013
Version:	2
Date reviewed:	February 2020
Next review date:	November 2022
DGOH ref.:	DGOH/PIL/00851