KENAI PENINSULA ORTHOPAEDICS

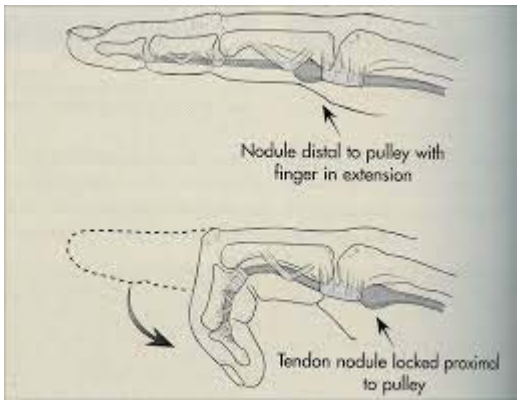
291 North Fireweed
Soldotna, AK 99669
907-262-6454
www.kenaipeninsulaortho.com

Orthopaedic Surgeon:
Henry G. Krull, M.D.

Hand and Wrist Specialist:
Edwin D. Vyhmeister, M.D.

Trigger Finger

Trigger finger, also called stenosing tenosynovitis, is a special type of tendonitis that affects the flexor tendons of the thumb or fingers. The inflammatory process may cause a nodule or lump to develop on the tendon, causing it to be irritated and get stuck under a layer of fibrous tissue in the hand. This tendonitis causes pain with bending the finger, and triggering, in which the tendon catches and then suddenly releases as though a "trigger" were released.



Symptoms:

Pain in the palm, at the base of the affected finger, is usually present initially. As the inflammatory process progresses, the affected flexor tendon may "trigger." Occasionally, there may be painless triggering. Symptoms are most noticeable with finger flexion, such as when gripping or grasping. The finger may become locked in a flexed position, severely restricting function. Sometimes patients awaken from sleep with the finger locked in flexion. As the condition progresses, triggering and locking become more frequent, causing worse pain and more significant limitation of function. This condition becomes more common as people age. A single finger or thumb may be affected, or multiple digits at the same time or consecutively.

KENAI PENINSULA ORTHOPAEDICS

291 North Fireweed
Soldotna, AK 99669
907-262-6454
www.kenaipeninsulaortho.com

Cause:

Trigger finger often arises spontaneously, without incident or event, or may occur following trauma, or with overuse.

Diagnosis:

A careful history and physical examination will diagnose trigger finger. X-rays are not typically helpful. Diagnostic ultrasound may be used to visualize the affected tendons. MRI is rarely required.

Treatment:

Treatment usually begins with conservative (nonsurgical) treatment. Surgery is reserved for those who do not improve, or who have progression of symptoms (pain, tenderness, or triggering) despite appropriate conservative treatment.

Nonsurgical Treatment

--Restriction of finger flexion with taping or splinting may be helpful, but can significantly impair function of the finger and hand. Anti-inflammatories may help reduce pain and inflammation.
--Physical therapy is rarely indicated, because exercises can make the problem worse.
--Cortisone or PRP injection may be curative. Other *biologicals,* such as AmnioFix may similarly stimulate the body's own healing response. About half of patients seem to get resolution after a single injection; the other half may require a 2nd injection, or surgery.

KENAI PENINSULA ORTHOPAEDICS

291 North Fireweed
Soldotna, AK 99669
907-262-6454
www.kenaipeninsulaortho.com

Surgery:

Surgery may be required when there is progression of symptoms (triggering and/or pain), or failure to improve with conservative treatment. Surgery (trigger finger release) can be done under a local anesthetic in the office or outpatient surgical setting. Two techniques are available, including open release through a small incision in the palm, and percutaneous release using a needle to release the tight band of tissue compressing the tendon. Results of surgery are generally excellent; recurrence is possible but uncommon.