

Argus Orthopaedic Zone

No Kidding, It is Called Trigger Finger

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Transforming patient information into patient understanding.

Trigger finger is not like bowler's thumb or tennis elbow. Trigger finger affects a lot more people than hunters! In fact I can't remember the last hunter I saw who had it. It can affect not only the index finger, but all the other fingers and thumb as well.

Symptoms

When you wake up and one of your fingers is flexed down toward the palm and you can't straighten it, you have it.

Usually trying to straighten it with the other hand works. The person says, "ouch, what was that" and hopes it never happens again. But it always does and it starts happening at other times too. Tenderness in the palm near the base of the finger or the thumb is usually present. There is no numbness though, as there is in carpal tunnel.

Cause

Our flexor tendons that bend our fingers and thumb pass through little tunnels. There is very little space for the tendon and its covering tissue (synovium). If the tunnel constricts or the tendon enlarges slightly there is a mismatch in the tunnel and friction results leading to more inflammation and swelling. A vicious cycle in other words.

You might think that people who do hard work with their hands would have it more often, but they don't.

Anyone can have it especially diabetic patients. Trigger finger and carpal tunnel often go together. Carpal tunnel and trigger fingers are based on inflammation or changes in the associated tissues around the nerve or tendon.

Management

Patients usually come in with a pop sickle stick or tongue blade taped to their finger to keep it straight. If it stays straight it

can't lock up. It is a creative treatment, but not too practical for very good use of the hand.

Anti-inflammatory medication is often prescribed, but it never works.

Physical therapy is used at times, but doesn't cure anything. Injection of cortisone can cause the tendon to rupture so I try to stay away from that.

Surgery

I tell people that surgery is indicated if symptoms are bad enough to go through outpatient surgery to fix it. I use IV Block anesthesia so it's done without pain to the patient. Decreased use of the hand for 2 - 3 weeks is required. Sutures can be taken out in 10 days.

Does it ever come back? Rarely, but I have taken care of a lot of people who have it in 1 - 2 fingers who then got it in another finger or thumb later.

Summary

Some patients get it in one finger or thumb and are treated and have no more symptoms. It rarely goes away on its own.

Others have trouble repeatedly and maybe have carpal tunnel also.

If the patient has carpal tunnel and trigger finger(s) in the same hand and requires surgery, the procedures can all be done at the same time.

That's enough for today! Take a break (Orthopaedic humor!).

Much more information is available about all hand problems on the office teaching website www.orthopodsurgeon.com, which can take you to Your Orthopaedic Connection.

Our goal is simple - To help people return to more pain free, functional lives.

Good health. Good life. All the best to you.

Be well.

Dr. Haverbush

