



Duke Orthopaedics: Upper Extremity Division

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Trigger Finger Release

What is Trigger Finger?

Trigger finger is a dysfunction in the tendons that bend your fingers. These tendons are held in place by bands of tissues called pulleys. If the pulley becomes too thick and too tight and/or there is inflammation of the tendon itself, the tendon cannot glide smoothly through the pulley. This causes the locking, catching, and decreased finger movement symptoms associated with trigger finger. Rheumatoid arthritis, gout, and diabetes increases the probability of developing trigger finger

What does surgery to relieve Trigger Finger involve?

To allow proper gliding of the flexor tendon, Dr. Klifto cuts the pulley that is found at the base of the finger. This release removes restriction around the tendon and allows it to return to normal function. The pulley's only function is to keep the tendon close to the finger at that one location. There are multiple other pulleys along the length of the finger that allow proper alignment of the tendon. You will not lose strength or function with the release of the pulley.

Length of Stay

This is same-day surgery not requiring hospital admission as long as there are no complications or other health comorbidities that require attention before discharge. You will need to have someone who can stay the entire length of the procedure and take you home.

Anesthesia

There are multiple types of anesthesia possible for surgery. The first type of anesthesia is local anesthesia of the involved hand with sedation so you will not remember the procedure. Your hand will be numb and will feel very strange. The local anesthesia will last a couple of hours. The second is general anesthesia, which means you are asleep. The anesthesiologist will speak to you on the day of surgery. The ultimate choice of anesthesia technique is up to you and your anesthesiologist.

Incision

You will have an incision on your palm beginning at the base of the involved finger approximately 1 inch in length. After the incision has healed, it is usually fairly thin and not objectionable.

Pain Control

You will have pain medication prescribed for you prior to discharge. After the local anesthesia wears off you may have discomfort, so start your pain medicine when the block begins to wear off. Pain is usually worst for the 2 days after surgery due to inflammation from the surgical procedure. This should improve greatly in the first 24-48 hours after surgery.

Diet

The combination of anesthesia and pain medications can cause nausea in some patients. If you are prone to nausea or show signs of nausea prior to discharge, a prescription for an anti-nausea medication will be provided. You may wish to advance your diet slowly the day of surgery to avoid exacerbation of nausea. Surgery and the narcotic pain medications are very constipating. Your diet should include plenty of water, fiber, fresh fruits and vegetables.

Dressings

You will go home with gauze dressings on your hand. After 3 days you may remove the dressings. You will have sutures (stitches) down the length of your incision. The sutures will be removed at your first postoperative visit approximately 14 days after your surgery.

Physical Therapy

Before leaving the hospital you will be given discharge instructions with exercises to move the wrist and fingers. Commonly, people are able to regain full ROM of their fingers and wrist without the need for formal physical therapy.

Restrictions

Recovery from trigger finger release is approximately 6 weeks. During that time you will have restrictions on the use of your operative arm.

- Day of surgery-2 weeks: no lifting greater than 1-2 pounds with operative hand. No restrictions on range of motion of the fingers, wrist, elbow, or shoulder.
- Weeks 2-6: No lifting greater than 5-10 pounds
- Weeks 6+: No restrictions