
DR BOB JANG

Orthopaedic Surgeon

Patient Name _____

Follow-Up Appointment: _____

TRIGGER FINGER

Trigger finger is a condition which affects tendons that flexes the fingers and/or thumb. You may experience clicking, catching of the finger, pain and even a finger locked in the palm of your hand.

The flexor tendons of the hand attach muscles from the forearm to bone in the fingers. These tendons are cord like structures that run through tubular structures called a tendon sheath. There are bands of tissues called pulleys that hold the flexor tendon close to bone.

In trigger finger cases, the A1 pulley thickens and becomes inflamed causing your symptoms.

There are various methods used to treat trigger finger. Most commonly this condition can be relieved with activity modification, splinting, rest and a corticosteroid injection. If these modalities fail to alleviate your symptoms, surgery can successfully treat your condition in the form of a trigger finger release.

Surgery

A trigger finger release is performed in the operating theatre. This can be under a general anaesthetic or awake with a local anaesthetic. This will be a day stay procedure and you will go home the same day after surgery with a bandage wrapped around your hand.

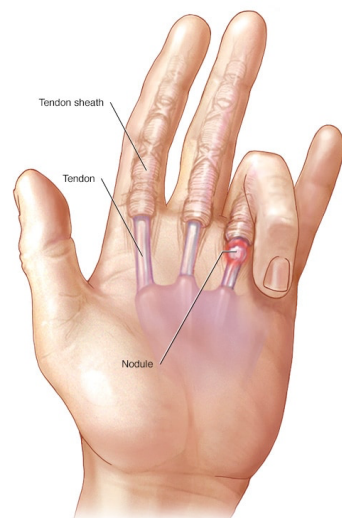
How long will my hand be swollen for?

Swelling may last up to 3 months, but this will improve on a daily basis. Keep your hand elevated immediately after surgery.

How long will my hand be tender for?

Pain after a trigger finger release is generally for 4 to 6 weeks but the pain should subside rapidly.

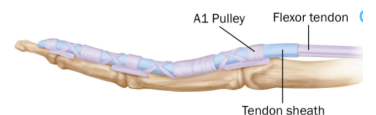
Sometimes the pain may linger for a longer duration but the expectation is for your pain to resolve promptly.



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The tendon sheath attaches to the finger or thumb bones and keeps the flexor tendon in place as it moves to flex the digit. The A1 pulley is near the opening of the tendon sheath where the digit meets the palm.

Reproduced from JF Sarwark, ed: Essentials of Musculoskeletal Care, ed 4. Rosemont, IL, American Academy of Orthopaedic Surgeons, 2010.



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Will I need to keep my hand dry?

Yes. Keep the crepe bandaging intact and dry for the first 48 hours. You may debulk the wrapped dressings (crepe and velband) but please leave the sticky dressing intact until your review at 2 weeks post operatively. You may wash your hands if the opposite sticky dressing remains intact and watertight.

Can I use my hand post operatively?

You can perform light duties. As your hand will be swollen and sore for 4 to 6 weeks, you'll be limited to light activities such as dressing, self care, brushing your teeth and carrying no more than a cup of tea. After your day 10-14 review with the doctor, we will allow you to start washing your hands. The sutures are absorbable (vicryl rapide) and will fall out as they dissolve.

TRIGGER FINGER RELEASE PROTOCOL

Weeks 0-2

Patient may remove the bulky bandaging after 48 hours post surgery.

Commence finger and gentle wrist range of motion exercises.

Waterproof dressing to remain on until the next review at 10-14 days post operatively. If the dressing seal is broken, this will need to be changed. Don't get your hand wet if the dressing seal has broken as this may cause wound complications and an infection.

Strictly no heavy lifting in this period.

Day 10-14 follow up

Dr Jang will assess your wound. Generally, we use absorbable sutures which fall out after you commence hand washing.

Weeks 2-6

It is ideal to see a hand therapist to assist with your recovery after trigger finger release surgery, however, not compulsory. See attached hand exercises you may commence after day 3 from surgery.

Scar management: you may start massaging along the length of the scar.

Desensitisation exercises.

Nerve gliding program

Being grip and pinch strengthening exercises (theraputty).

Week 6

Follow up with Dr Jang for a final review.

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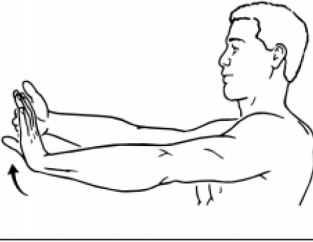
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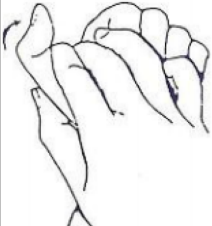


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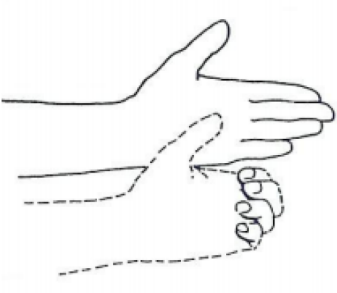
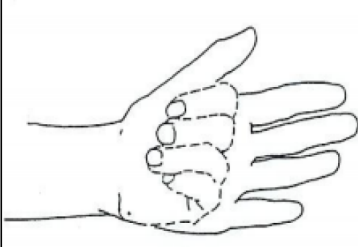

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Please start doing this exercise on the 2nd or 3rd day after surgery.

Wrist Flexor Long Arm Stretch

Keeping elbow straight, grasp one hand and slowly bend wrist back until stretch is felt. Hold. Relax.
Hold 10 Seconds. Repeat 3 times 2x/day

AROM Thumb IP Flexion - Blocking	AROM PIP Flexion Blocking	AROM DIP Flex -Blocking
		
Brace thumb leaving tip free. Bend as far as possible, then straighten.	Pinch bottom knuckle of finger of to prevent bending. Actively bend middle knuckle until stretch is felt.	Pinch middle knuckle of finger of one hand to prevent bending. Bend end knuckle until stretch is felt.
10 repetitions 1x/day	10 repetitions each finger 1x/day	10 repetitions each finger 1x/day

Flexor Tendon Glide - Active Hook Fist	Flexor Tendon Glide - Active Straight Fist	Finger Opposition
		
With fingers and knuckles straight, bend middle and tip joints. Keep large knuckles straight.	Start with fingers straight. Bend knuckles and middle joints. Keep fingertips straight to touch the base of your palm.	Actively touch thumb to each fingertip. Start with index finger and proceed toward little finger. Move slowly at first, then more rapidly as motion and coordination improve. Be sure to touch each fingertip.
10 repetitions 1x/day	10 repetitions 1x/day	10 repetitions 1x/day

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Please start doing these exercises 3 weeks after surgery.

Band Thumb Opposition	Putty - Weight Bearing	Putty - Grip
		
<p>With rubber band around thumb, hold other end with other hand. Rotate thumb up and over toward little finger. Repeat toward each finger.</p>	<p>Place palm on putty and roll the putty back and forth.</p>	<p>Squeeze putty with all fingers and thumb.</p>
<p>10 repetitions 1x/day</p>	<p>Practice for 1 - 3 minutes</p>	<p>Practice for 3- 5 minutes</p>

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