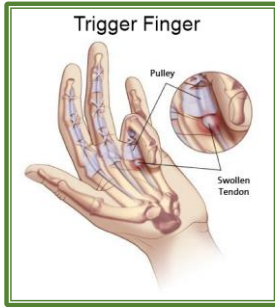


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Paragon Orthopedics Center
Grants Pass, Oregon

TRIGGER FINGER

What it is and how it is treated



Trigger finger, otherwise known as stenosing tenosynovitis, is often seen in people who work with their hands a lot doing repetitive motions: industrial workers, seamstresses, musicians, and farmers, to name a few. Repetitive motion causes the inflammation of a very small space within the sheath around the affected finger and complicates the smooth, gliding movement. Patients describe their finger as being “caught” and getting stuck in a bent position. When the finger extends, it may be accompanied by a snapping sensation, thus it is called a trigger finger. At its worst, a trigger finger cannot be extended and will remain locked in the bent position. Treatment depends on the severity of your particular case.

Symptoms:

Patients most often come in with:

- Stiffness of the affected finger, especially after you wake up.
- Having a clicking or catching sensation.
- Mild pain at the base of your affected finger.
- The finger locked in a bent position.

When the inflammation goes on for an extended period of time, a nodule in the tendon forms, which can be painful. The nodule will further complicate fluid movement of the finger. Trigger fingers can happen in any of the five fingers.

Risk Factors:

The exact cause of a trigger finger is not completely understood and research is ongoing. Certain factors do demonstrate a higher incidence of getting this condition:

- Sex: It affects women more often than men.
- Age: Typically it affects people in their 40's-50's.
- Gripping motion: If you are grasping things repeatedly or holding a grip for long periods of time, it can trigger this inflammation.
- Hand Surgery: If you have recently had hand surgery, specifically carpal tunnel surgery, trigger fingers can be a complication seen in the first 6 months post-op.

Diagnosis and Treatment:

Your orthopedic surgeon or healthcare provider can diagnose a trigger finger with your medical history and a physical exam. Tests of any sort are not typically required. Treatment usually begins conservatively with medications and non-invasive therapy (rest, taping, and stretches). If non-invasive therapy does not provide relief, injecting a steroid near/into the tendon sheath can calm down the inflammation. This is the most common treatment, but might require more than one injection. A more invasive treatment is a surgical release of the tendon through a 1 cm incision in the palm. Dr. Rob Bents sees trigger fingers almost daily and performs this surgery several times a month with great success. A full recovery from surgery typically takes about 4 weeks and patients should be able to move their finger right after surgery is done. When you can return to work depends on your job and Dr. Bents can discuss a full plan with you before your surgery is done. Call Paragon Orthopedics Center at 541-472-0603!

The following articles were referenced for this newsletter:

<https://www.mayoclinic.org/diseases-conditions/trigger-finger/symptoms-causes/syc-20365100>

<https://www.nhs.uk/conditions/trigger-finger/causes/>

