**Trigger Finger**

**What is a Trigger Finger?**

Trigger finger is a common condition which affects fingers. It is a condition in which fingers get stuck in a bent position. One or more tendons in a hand can become inflamed and swollen, which causes pain, clicking, catching and loss of motion of the affected finger. It most commonly affects the ring finger and the thumb but can present itself in any finger.

**How is it caused?**

The cause is often not clear. It is thought to be due to inflammation which causes swelling of the tendon or its covering (tendon sheath). Normally, the tendon slides easily in and out of the sheath as you bend and straighten the finger. In affected fingers, the tendon sheath can become inflamed and swollen. The encased tendon can slide out of this sheath when you bend your finger, however, it cannot easily slide back. The finger then remains bent (unless you pull it straight with your other hand).

Trigger fingers are more likely to occur if you also have diabetes, carpal tunnel syndrome, gout, thyroid disease, and rheumatoid arthritis. Injuries or repetitive strain can also contribute to the development of a trigger finger. It is more common among women between 50-70 years old.

**What are the symptoms?**

* Pain at the site of triggering in the palm (fingers) or on the palm surface of the thumb at the middle joint.
* Tenderness or soarness on pressing over the site of pain.
* Clicking of the finger during movement, or locking in the bent position, often worse on waking in the mornings.
* Stiffness, especially in case of trigger thumb where movement get reduced at the end joint.

**How is it diagnosed?**

Your health professional will ask about your symptoms and examine your hand. They may also ask you about your medical history, and whether there’s anything that could have started your symptoms – like an injury, or repeated stress on your finger.

Your health professional will feel the affected finger to see if there’s soreness or a nodule in your palm at the base of the finger. They may ask you to bend and straighten your fingers, while they feel the palm of your hand. This may allow them to feel the catching of your tendon.

You won’t usually need to have any tests. But if there’s any uncertainty about what’s causing your symptoms, your health professional may recommend you have an ultrasound scan or X - ray.

**What can I do?**

In milder cases of trigger finger consider using the following strategies to help manage symptoms.

Activity modification

Try to avoid activities involving repetitive or prolonged gripping.

Splinting

A splint can be used at night to keep the finger or thumb straight and prevent it moving. This has been shown to improve symptoms when used for a minimum of 6 weeks.

Medication

Over-the-counter analgesia, such as paracetamol or anti inflammatories such as ibuprofen may also help to reduce your symptoms. If you require further information on pain relief, speak to your GP or pharmacist.

Exercise

Consider trying these gentle tendon gliding exercises to help reduce your pain levels. You may experience an increase in symptoms when performing these exercises. Do not worry, perform less repetitions next time and gradually build up.



**How long will it last?**

If you have mild symptoms, you might find that they go away using the advice above within 6 weeks. In more severe cases you may need to consider other treatments such as those outlined below.

**What other options are there?**

Steroid injection

In moderate to severe cases where the finger is frequently catching or locking a steroid injection can be trialled to help reduce swelling and pain. Steroid injections have been shown to provide symptom relief in about 70% of cases, but the success rate is lower in people with diabetes. Side effects are rare but include a possible temporary flare in pain and symptoms.

Surgery

Surgery for trigger finger may be called ‘trigger finger release’. Performed as a day case procedure, a small cut is made in the palm to allow the thickened fibrous tissue which is affecting the movement to be removed. After the surgery you will be encouraged to move your finger straightaway. Surgery is normally successful and usually provides good long term outcomes. Possible side effects include scar sensitivity, injury to the nerves or blood vessels or wound infections however these occur in less than 3% of cases.

Surgery may be the best option if the following applies:

* Triggering persists or recurs following a trial of conservative treatment including 1 or 2 steroid injections.
* The finger is permanently locked in the palm.
* If you suffer from diabetes.