

Trigger finger release in adults – PRIOR APPROVAL

Trigger digit occurs when the tendons which bend the thumb/finger into the palm intermittently jam in the tight tunnel (flexor sheath) through which they run. It may occur in one or several fingers and causes the finger to “lock” in the palm of the hand. Mild triggering is a nuisance and causes infrequent locking episodes. Other cases cause pain and loss and unreliability of hand function. Mild cases require no treatment and may resolve spontaneously.

Mild cases which cause no loss of function require no treatment or avoidance of activities which precipitate triggering and may resolve spontaneously.

Cases interfering with activities or causing pain should first be treated with:

1. one or two steroid injections which are typically successful (strong evidence), but the problem may recur, especially in diabetics;

or

2. splinting of the affected finger for 3-12 weeks (weak evidence).

Surgery should be considered if:

a. the triggering persists or recurs after one of the above measures (particularly steroid injections);

or

b. the finger is permanently locked in the palm;

or

c. the patient has previously had 2 other trigger digits unsuccessfully treated with appropriate nonoperative methods;

or

d. diabetics.

Surgery is usually effective and requires a small skin incision in the palm, but can be done with a needle through a puncture wound (percutaneous release).