



Patient information

Having a trigger finger release

This leaflet provides some information about having surgery to treat your trigger finger. The treatment may be adapted to meet your individual medical needs, so it's important to follow your surgeon's advice.

Please raise any concerns or questions with your surgeon or nurse. It is natural to feel anxious before hospital treatment but knowing what to expect can help.

What is a trigger finger?

Trigger finger means that the finger becomes 'locked' in position in the palm of your hand and is difficult to straighten. This happens when the tendon in the palm of your hand thickens and gets stuck. Trigger finger release involves making a slit in the tendon sheath, which allows the finger to move smoothly again.

The operation can be done under general anaesthesia, which means you will be asleep during the procedure. The operation can also be done under local anaesthesia, which means that you will be awake, but your hand will be numb.

If you are having the operation under local anaesthesia, you may be offered a sedative to help you relax. This may also make it easier for you to keep your hand still during the procedure. For more information about anaesthesia and sedation, please see the separate Spire Healthcare patient information leaflets *Having a general anaesthetic* and *Having a local anaesthetic or sedation*.

This operation is routinely carried out as a day-case, with no overnight stay. Your surgeon will explain the benefits of having trigger finger release and discuss the associated risks and alternatives to the procedure.

Follow your surgeon's advice about driving, returning to work, heavy lifting and sport. You should not drive until you feel you could do an emergency stop without discomfort. A full recovery can take up to a month. You should contact the hospital or your GP immediately if your hand:

- becomes more painful
- gets red, swollen or hot
- smells unpleasant or oozes liquid

What are the risks?

The operation to release trigger finger is commonly performed and generally safe. For most people, the benefits are greater than the disadvantages. However, all surgery carries an element of risk. This can be divided into the risk of side-effects and the risk of complications.

Side-effects

These are the unwanted but mostly temporary effects of a successful treatment. After surgery, you may have some pain, swelling and bruising around the operation site. This may last for a week or two, or until the wound heals.

Complications

This is when problems occur during or after the operation. Most people are not affected. The possible complications of any surgery include an unexpected reaction to the anaesthetic, excessive bleeding, infection or developing a blood clot, usually in a vein in one of your legs (deep vein thrombosis, DVT). Complications specific to a trigger finger release include a small risk of injury to other nerves, blood vessels or tendons in the hand.

Most people have little or no pain and numbness in their finger after surgery, but for some people it can take several months for discomfort to disappear. In some cases, the symptoms of trigger finger return needing further surgery. This is more likely if you have diabetes. The chance of complications depends on the exact type of operation you are having and other factors such as your general health. Ask your surgeon to explain how these risks apply to you.

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Preparing for your operation

The hospital will send you a pre-admission questionnaire. Your answers help hospital staff to plan your care by taking into account your medical history and any previous experience of hospital treatment.

You will be asked to fill in this questionnaire and return it within three days. If you normally take medication (eg tablets for blood pressure), continue to take this as usual, unless your surgeon specifically tells you not to. If you are unsure about taking your medication, please contact the hospital.

Before you come into hospital, you may be asked to remove any make-up, nail varnish and jewellery, especially any rings on your hands. You will also be asked to follow the fasting instructions on your admission letter. These instructions will vary depending on the type of anaesthetic you are having. Typically, if you are having local anaesthesia there is no need to go without food or drink. If you are having general anaesthesia or sedation, you'll be asked not to eat or drink for six hours before the procedure.

At the hospital, a nurse will explain how you will be cared for during your stay and will do some simple tests such as checking your blood pressure and heart rate, and may test your urine. Your surgeon and anaesthetist will visit you before the operation. This is a good time to ask any unanswered questions.

Consent

If you are happy to proceed with the operation, you will be asked to sign a consent form. This confirms that you have given permission for the procedure to go ahead. You need to know about the possible side effects and complications of this procedure in order to give your consent. Please see the back of this leaflet for more information about these.

About the operation

Once the anaesthetic has taken effect, your surgeon will make a small cut in your palm to get to the tendon and release it. The cut in the palm of the hand is then sewn up using stitches. The operation usually takes about 15 to 20 minutes. A long-acting local anaesthetic may be injected around the operation site to keep the area painfree afterwards. This may cause the palm and fingers to feel numb for up to 10 hours.

After your operation

If you have had general anaesthesia, you will be taken from the operating theatre to a recovery room, where you will come round from the anaesthesia under close supervision. After this (or immediately after an operation under local anaesthesia) you will be taken back to your room.

Back on the ward

You will need to rest until the effects of the anaesthesia have passed. Your nurse will check the operation site and monitor your heart rate and blood pressure. You will

have a dressing and a bandage on your hand and your arm will be put in a sling. If your hand feels sore you may need painkillers. Please discuss any discomfort with your nurse. When you feel ready, you can begin to drink and eat, starting with clear fluids.

A physiotherapist will visit you and show you gentle exercises that will strengthen your hand and keep your joints mobile.

Going home

You will usually be able to go home once you have made a full recovery from the anaesthesia. If you have had general anaesthesia or sedation, you will need to arrange for someone to drive you home and then stay with you for the first 24 hours. Before you go home, your nurse will give you advice about caring for the healing wound, hygiene and bathing. For more information, please see the separate Spire Healthcare patient information leaflet *Caring for surgical wounds*.

The nurse will also give you a telephone number for the hospital, in case you need to ask for further advice, and a date for your follow-up appointment.

After you return home

If you need them, continue taking painkillers as advised by the hospital. The effects of the sedative may last longer than you expect. Do not drive, drink alcohol, operate machinery or sign legal documents until your surgeon tells you that it is safe. This will be at least 24 hours after your operation. If you had general anaesthesia, it can temporarily affect your co-ordination and reasoning skills, so you should not drive, drink alcohol, operate machinery or sign legal documents for 48 hours after the operation.

If you are in any doubt about driving, please contact your motor insurer so that you are aware of their recommendations, and always follow your surgeon's advice. You should keep your hand above waist level during the first few days after the operation, as this helps to reduce any swelling and pain. Wearing the sling in the daytime will help you keep your arm raised. It is important to move your fingers and thumb regularly, so that they don't become stiff.

Avoid getting the dressing wet. Once the dressing has been removed, you will be able to get your hand wet, but try not to soak the operation site until the stitches are removed. Stitches are usually removed about 7 to 14 days after the operation, but if you have dissolvable stitches, they will disappear on their own in seven to ten days. Afterwards, the scar will feel quite firm and tender.

Massaging the area with a moisturising cream such as E45 can help to relieve this. Try not to do activities that involve repetitive gripping actions such as writing or gardening for a couple of weeks, or as per your surgeon's advice.