



Postoperative Instructions for Trigger Finger Release – Stenosing Tenosynovitis

General Information: Inflammation and irritation of the flexor tendons, as they pass through a series of pulleys in your finger, can cause pain, locking and triggering. Trigger finger/thumb develops when the tendon forms a nodule (knot) or swelling of its lining. When the tendon swells, it can catch as it tries to squeeze through the opening of the tunnel (flexor tendon sheath). This causes pain, popping, or a catching feeling in the finger or thumb. When the tendon catches, it produces inflammation and more swelling. This causes a vicious cycle of repeat triggering, inflammation, and swelling. Sometimes the finger becomes stuck (locked) and is hard to straighten or bend. Dr. Verheyden initiates conservative care first with anti-inflammatory medications and corticosteroid injections. The injections are successful about two thirds of the time and work to decrease swelling, inflammation, and water content of the tendons, allowing the tendons to pass through the tight pulley without getting stuck. The steroid injections act locally at the site of the injection and do not affect the rest of the body. Patients with multiple trigger digits, diabetes, or who have failed previous steroid injections are less likely to benefit from an injection and will more likely require surgical release of the finger flexor tendon pulley. With surgery, Dr. Verheyden makes a small one-centimeter incision in the palm and releases the first tendon pulley for the finger, allowing the swollen tendons to glide freely and not catch. Release of just the first pulley does not affect the function of the hand. Occasionally, Dr. Verheyden performs a synovectomy, removing inflammatory tissue around the tendons to minimize the risk of residual triggering after release.

Pain Control: Dr. Verheyden encourages strict ice, elevation, and finger range of motion exercises for the first 72 hours. Over the counter ibuprofen and/or Tylenol is often very effective and frequently controls the pain, especially if you adhere to a strict ice, elevation, and finger range of motion exercise program in the post-operative period. Take the ibuprofen and/or Tylenol with food and water. Dr. Verheyden typically gives a prescription for a few pain pills. Most patients take only a couple or no pain medications after this minor surgery. Wean from the narcotics as soon as possible and take the narcotic pain medications only as prescribed. As long as ice is not in direct contact with skin, place ice 24/7, or as much as you can, in the palm to decrease swelling and pain.

Wounds: The area around the skin incision may be tender. The discomfort should resolve and improve over the course of a couple of weeks. You may note bruising in your hand. This is common and will resolve.

Dressing: Remove the large soft dressing in 72 hours and apply Band-Aids.

Bathing: It is fine to shower or wash your hands after surgery if you keep your dressing clean, dry, and intact. After dressing removal, you may shower and wash the wound gently with soap and water. Do not soak your hand in water, hot tubs or pools until at least 24 hours after suture removal.

Activity: Encourage finger range of motion exercises immediately. This will help decrease swelling and discomfort. For the first 72 hours, keep your hand above the height of your heart to decrease postoperative swelling. Patients should have full finger range of motion at their approximate 10-day postoperative visit. You may use your hands and fingers as you tolerate. Keyboarding will help to decrease swelling. Gently massage the area around the incision and just distal. You will be tender at the incision and just distal. Discomfort in the area of the incision is common, and will improve over the course of a couple of weeks.

Additionally: The triggering, locking and pain that you experienced before surgery, often disappears quickly. However, in patients with long-standing trigger finger/thumb, patients who have multiple trigger fingers, and patients with severe inflammation and swelling, the symptoms may take longer to resolve after surgery.

Follow-up: Ten days for suture removal and wound check.

Precautions: To minimize the risk of infection, Dr. Verheyden recommends absolutely no swimming, hot tubs, long hot showers or steam showers, doing dishes, wearing ski gloves or heavy plastic gloves until 24 hours after suture removal. Keep the wound clean and avoid heavy use. Contact the office immediately for severe pain, elevated temperature, or any sign of infection at 541-382-3344.

