



TRIGGER DIGIT

Aster
HOSPITAL

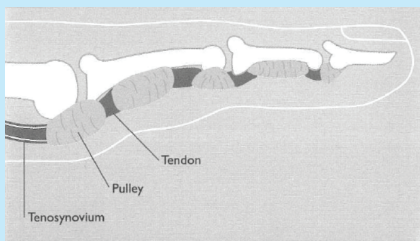
We'll Treat You Well



Digital Version



WHAT IS TRIGGER DIGIT?



Stenosing tenosynovitis, commonly known as “trigger digit” (TD), involves the pulleys and tendons in the hand that bend the fingers. The tendons work like long ropes connecting the muscles of the forearm with the bones of the fingers and thumb. The pulleys hold the tendons close against the bone (refer below image). TD occurs when the pulley at the base of the finger (AI) becomes constricting around the tendon, making it hard for the tendon to move freely. Sometimes the tendon develops a nodule (knot) or swelling of its lining.

WHAT CONDITIONS AND DISEASE CAUSED TD?

The cause of TD is usually unknown. There are risk factors for developing it: TDs are more common in women, they occur most frequently between the ages 40 and 60 years, they are more common in people with certain medical problems (e.g.: rheumatoid arthritis, gout, and diabetes) and they may occur after activities that strain the hand.

WHAT ARE THE SIGNS AND SYMPTOMS OF TD?

TD may start with discomfort felt at the base of the finger or thumb, where they join the palm. This area is often tender to local pressure. Symptoms may include: A tender lump in your palm, swelling, catching or popping sensation in your finger or thumb joints and pain when ending or straightening your finger. Stiffness and catching tend to be worse after inactivity, such as when you wake in the morning. In severe cases, the finger cannot be straightened, even with help.

HOW IS TD DIAGNOSED?

Your doctor can diagnose the problem by talking with you and examining your hand and, for severe catching, it can be confirmed with a local anesthetic injection into the sheath to unlock the digit. X-rays are usually not needed. When in doubt, thickening of the pulley and impingement during tendon motion can also be identified on sonography.

TREATMENT OF TD

A. Nonsurgical Treatment

If symptoms are mild, splinting is a choice with 55 to 66% success rates. Corticosteroid injections are widely accepted for treating TD and, at present, we indicate one injection prior to indicating surgery for mild and moderate cases, with a high (61 to 84%) success rate. Injections are less likely to provide permanent relief if you have had the triggering for a long time, or if you have an associated medical problem, like diabetes.

B. Surgical Treatment

TD is not a dangerous condition. The decision to have surgery is a personal one, based on how severe your symptoms are and whether nonsurgical option have failed. Surgery is performed as outpatient, usually with simple local anesthesia. Surgery may be performed with four different techniques: Open (1 to 1.5 cm incision), blind percutaneous releases (e.g.: with a needle or a blade), endoscopic (7 to 10 mm incision) and Ultra-Minimally Invasive Surgery (≤ 1 mm incision). The goal of the surgery is to open the pulley at the base of the finger so that the tendon can glide more freely.

WHAT IS THE RISK/BENEFIT FOR TD SURGERY?

After surgery, most people are able to move their fingers immediately. Normal

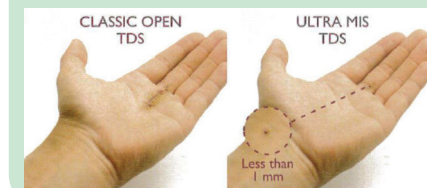
use of the hand can usually be resumed once comfort permits. It is common to have some soreness in your palm. Frequently raising your hands above your heart can help reduce swelling and pain. As for the risks (for all types of techniques), some patients may feel tenderness, discomfort, and swelling about the area of the surgery longer than the others.

Recovery is usually complete within a few weeks, but it may take up to 6 months for all swelling and stiffness to go away. Occasionally, postoperative physiotherapy is required.

Sometimes, some of the stiffness may remain if TD was left untreated for a long time. Complication may occur, including persistent triggering and, more rarely, bowstringing, transient or permanent neurovascular damage and infection.

WHAT IS THERE NEW FOR TD SURGERY? ULTRA-MINIMALLY INVASIVE SURGERY (ULTRA-MIS).

Recently, Rojo-Manaute and col. Described in international scientific publications an ultra-minimally invasive procedure (or “Ultra-MIS”), with a very small incision (≤ 1 mm). this method is safe and highly efficacious, having shown short needs for taking recovering flexo-extension of the digit.





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THE LOCATION

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