

Treatment of a Trigger finger or Tendo vaginitis stenosaurs

(Tenolysis)

General

A trigger or stuttering finger is the result of irritation and inflammation of the flexor tendon in the palm without an infection. Due to swelling of the flexor tendon and the surrounding tendon sheath, the tendon can no longer move freely during the bending and stretching of the finger. A stuttering finger is more common in women in the age range of 45 to 65 years. This condition can occur in all fingers and in the thumb. Sometimes overload plays a role.

Signs and symptoms

Initially, there is slight pain or irritation when bending the finger, especially when grasping objects or applying force by hand. Bending and stretching the finger can be laborious and jerking. The finger sometimes falters when stretched, such as pulling a trigger (in English: trigger finger syndrome). Due to increasing thickening of the flexor tendon, the pain worsens and at some point a situation may arise that you can no longer stretch the finger under your own power and that the finger remains hooked in a bent position.

Preparation

If you are taking blood-thinning medications (e.g. marcoumar, aspirin, sintrom(itis), ascal, clopidogrel) you should report this during the conversation. The use of these drugs should be discontinued 1 week before surgery. If you are under treatment elsewhere or are allergic to a certain substance or medicine, you must also report this.

Treatment

A stuttering finger can be treated in two ways. The simplest treatment is a local injection with an anti-inflammatory. This can be sensitive, but in combination with rest, it often provides relief from the complaints. However, the complaints can come back (in about 40% of cases). The injection is usually given at the outpatient clinic. In general, this is only done 2 times per spot to prevent complications.

The most definitive solution consists of a small operation under local anesthesia, in which the tendon sheath opens longitudinally through a small incision.

This creates space for the thickened tendon to move. The treated finger will be able to move normally again immediately after the operation. To prevent adhesions, it is necessary that you regularly stretch and bend your treated finger after the operation. An appointment will be made for the outpatient procedure.

After the operation

In general, you will not experience much pain after surgery. Some patients experience a slight swelling of the scar or stiffness of the finger for some time after the operation, especially patients with rheumatism or diabetes.

Three days after the operation you can remove the bandage yourself, a small patch on the scar is then sufficient. You can just shower, where the hand may get wet.

After about two weeks, the sutures will be removed at the outpatient clinic. You will receive an appointment for this.

You should keep in mind that six to eight weeks after surgery, you may experience pain in your hand when gripping objects tightly. The scar needs at least 6 months to become completely supple.

After treatment, there is a very small chance that this problem will return on the same finger. However, it can happen that the same problem can arise on another finger.

Possible complications and risks

As with any other operation, there is also a risk of complications in hand surgery. Similarly, there are the normal risks of complications with this procedure. In a rare case, an infection may occur. If the pain in your hand or finger continues to increase after the second day, it is wise to contact your treating specialist.

Justification text

This text is intended to complement the conversation with your doctor. The general information cannot always do justice to each individual situation. If you have any questions after reading this information, the plastic surgeon will be happy to discuss them with you during the consultation hour. It can be useful to put your questions on paper in advance.