

Orthopaedic Connection

Meet Carpal Tunnel's Cousin - Trigger Finger

By Thomas J. Haverbush, M.D.
Orthopaedic Surgeon

Continuing our course this semester on the "Upper Extremity" we will stay in the hand a little longer. I would like to introduce you to another member of the family. Carpal tunnel has a first cousin whose name is trigger finger. You know all you need to know about carpal tunnel from the last two classes.

Trigger finger is not like bowler's thumb or tennis elbow. Trigger finger affects lots more people than hunters! In fact, I can't remember the last hunter I saw who had it. It can affect not only the index finger, but all the other fingers and thumb as well.

Symptoms

When you wake up and one of your fingers is flexed down toward the palm and you can't straighten it, you have it.

Usually working to straighten it with the other hand works. The person says "what was that" and hopes it never happens again. But it always does and it starts happening at other times too. Tenderness in the palm near the base of the finger or thumb is usually present. There is no numbness though, as in carpal tunnel.

Cause

Our flexor tendons that bend the fingers and thumb pass through little tunnels. There is very little space for the tendon and its covering tissue (synovium). If the tunnel constricts or the tendon enlarges slightly there is a mismatch in the tunnel and friction results leading to more inflammation and swelling. A vicious cycle in other words. You would think that people who do hard work with their hands would have it more, but they don't. Anyone can have it especially diabetic patients. My reference to it as a cousin of carpal tunnel is based on the fact that the two conditions so often go together. Carpal tunnel and trigger fingers are based on inflammation or changes in the associated tissues around the nerve or tendon.

Management

I often see patients come in with a popsicle stick or tongue blade holding the finger straight. If it stays straight it can't lock up. It is a creative treatment, but not too practical for use of the hand. Anti-inflammatory medication is usually prescribed, but hardly ever works. Inject cortisone. Nooo - the tendon can rupture. Physical therapy is used at times, but not usually curative. It can't hurt at least, like a cortisone injection can.

Surgery

I tell people that surgery is indicated if symptoms are bad enough to go through outpatient surgery to fix it. IV block anesthesia so no pain; hand and partial forearm bandage for one week; decreased use of the hand for 2 - 3 weeks; sutures out in 10 days.

Does it ever come back? Rarely, but I have taken care of lot of people who have it in one or two fingers who then get it in another finger or thumb later. That is really discouraging, but you can't operate on fingers that don't hurt.

Summary

Some patients get it in one finger or thumb and are treated and have no more symptoms. It rarely goes away on its own.

Others have trouble repeatedly and maybe a carpal tunnel or two besides.

If the patient has carpal tunnel and trigger finger(s) in the same hand and requires surgery they can all be done at the same time.

That's enough for today class, take a break (Orthopaedic joke!).

Check out www.orthopodsurgeon.com / Your Orthopaedic Connection for more good information.

Be well.

Dr. Haverbush