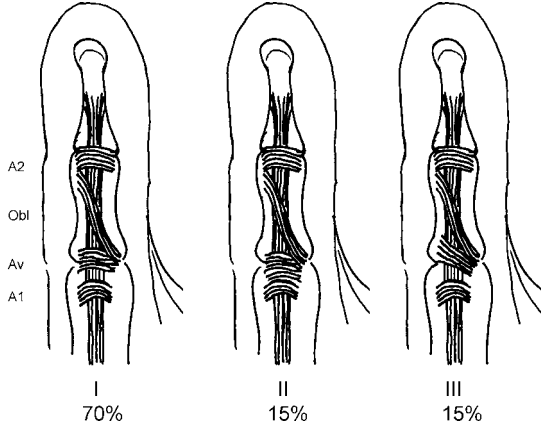


TRIGGER FINGER RELEASE

Demographics	M:F @ 2:1 Mean age @ 60 years Thumb 32% Index 7% Middle 26% Ring 26% Little 9%
Pathology	Non-specific tenosynovitis Intussusception of visceral layer?
Finger anatomy	A1 pulley arising from MCPJ volar plate and proximal part of P1 C0 or C1 pulley A2 pulley arising from the proximal phalanx A1 width 1.17cm (I,M,R), 0.98 (L) Single A1 59% Double A1 23% Treble A1 13% A1/A2 coalescence 5%
Thumb anatomy	A1, Av and oblique pulleys arising from ulnar side of joint 
Classification	I Pain and nodularity II Triggering, self correctable III Triggering, manually correctable IV Irreducible
Differential	Extensor tendon subluxation
Options	Activity modification Can be effective Physiotherapy Unproven NSAID Unproven Splint Ineffective Corticosteroid First line treatment Surgery Failed treatment or irreducible trigger (IV)

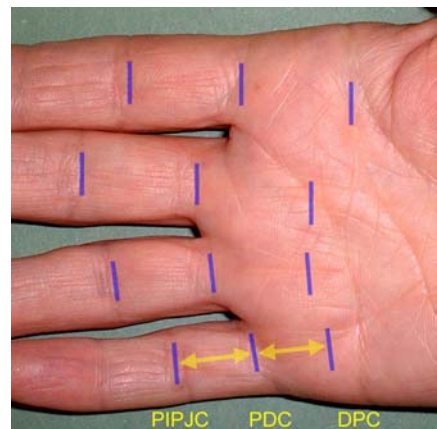
TRIGGER FINGER RELEASE

Contra-indications Rheumatoid (encourages ulnar drift)
Technique LA
 Tourniquet
 Transverse incision
 Scissor dissection down to flexor sheath
 Intelligent use of retractors
 Division of all A1 pulley
 Confirmation of free glide

Localisation Proximal edge of the A1 pulley consistently sited
 2.45cm from the palmar digital crease (PDC)
 A1 to PDC = PDC to PIPJ crease distance

Variations Pulley resection (instead of simple division)
 Partial release (preserving distal part)
 Synovectomy only (rheumatoid)
 FDS slip resection (rheumatoid)
 Percutaneous release

Complications Infection
 Digital nerve injury
 Stiffness
 Scar tenderness
 Weakness
 Recurrence
 Bowstringing



Outcome Variable but generally good
 40% complication rate has been reported
 Outcome dependent on operator experience

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