# **HOOPER HAND CLINIC**



# **Trigger finger**

### Information for patients

#### What is trigger finger?

Trigger finger is a very common, harmless condition within our population. The finger clicks (or triggers). It gets stuck in a bent position and clicks when trying to straighten it. You may experience a clicking of the finger on straightening it from a bent position.

Sometimes you may have to straighten the finger with your other hand. Rarely the finger can get stuck in a bent position. If this occurs for more than a few days, please consult your GP to refer you to the hand service.

#### What causes trigger finger?

In most patients we don't understand why trigger fingers occur. It may start after a minor injury but often develops without reason. Some patients develop multiple trigger fingers. It most commonly affects the thumb and ring finger.

The tendon that bends the finger gets stuck on the tunnel at the mouth of the finger, creating the clicking sensation.

## Who gets trigger finger?

- Anyone can develop trigger finger.
- It's more common in women than men.
- It can start after a minor injury to the hand.
- It is more common in people with Diabetes and Inflammatory Arthritis.
- It does not appear to be related to work.

# How do we treat trigger finger?

Some trigger fingers will get better without any treatment. We would recommend self-management for 3 months, before considering any treatment.

You can try using anti-inflammatory gels (such as Ibuprofen or Diclofenac[Voltarol] gel) rubbed into the base of the affected finger, where it may be sore.

You can splint the finger straight when you go to bed. There are splints available online (usually for less than £10) or you can use a lolly stick attached to the finger with tape.

Please see photos overleaf of splints for trigger finger.

# **Types of splints**

### **Splint 1**



# Splint 2



Stop using the splint if your skin becomes red, irritated, sore or blistered.

If the triggering hasn't settled after 3 months of this approach, please contact your GP for further assessment.

If the triggering settles of its own accord with this approach, you don't need to do anything else. It may return, or it may cure itself.