



Steroid Injection for Trigger Finger

I've given you a steroid injection for a trigger finger today. Please find below some information about the expected outcome and possible problems for your information:

What is in the injection? The main ingredient is Cortisone (also known as the steroids). This is a strong anti-inflammatory that will help to reduce any swelling in the area. The other ingredient is a small amount of local anaesthetic to keep you comfortable for the first few hours after the injection.

Possible side effects: The local anaesthetic can cause numbness in the finger; this will wear off after a few hours. If your finger is numb, you will have to be a bit careful not to injure yourself without noticing. The steroids come in a crystal suspension that dissolves slowly and only a small amount will go into the blood stream. Systemic side effects are very unlikely, unless you are diabetic. If you are diabetic your blood sugar levels are likely to be higher than usual for about a week following the injection. I recommend you check your sugar levels more often and you may have to adjust your insulin dose accordingly. If the Steroids are injected too close to the skin they could cause permanent skin thinning and/or discoloration. Accidental injection into the tendon could cause tendon rupture, but this is a very rare problem.

Infection: This is a very rare complication following the injection. If you notice increasing redness, swelling and pain 3-10 days following the injection you should seek advice from me, your GP or a Doctor in A&E.

Pain flare: Some patients experience more pain for 1-3 days following the injection. This is a well-known problem that's also called a pain flare. You may or may not need some painkillers. If there is associated redness and swelling you should seek advice from me, your GP or a Doctor in A&E.

Likely outcome: For most patients both triggering and locking of the finger improves within about 2 weeks following the injection. If the nodule in your tendon was very large, you are less likely to respond to the injection. Common sense suggests that small tendon swellings/nodules are easier to shrink with an injection than large ones. Most patients respond well to a single injection. Some patients need two injections to cure the problem. If the problem persists despite injections a small operation under local anaesthetic should cure your trigger finger.

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www.manchesterorthopaedicgroup.co.uk

Recurrence: Some patients are perfectly fine for months after the injection, but then the symptoms may come back. A further injection or surgery may help.

Restrictions following the injection: I'm happy for you to mobilise as pain allows without any further restrictions.

How many injections? I don't recommend injecting more than twice for the same finger. If two injections don't help, it's time to consider surgery.

There is more information on my website: <http://www.jf-ortho.co.uk/trigger-finger.html>

If there should be any more questions then please contact my secretary Jill Barton, Tel: 01625 505427, Email: jill.barton@spirehealthcare.com

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