



Trigger finger release

You've been listed for an operation called trigger finger release. You should have received most of the information during your last consultation with me. While the operation is successful for the vast majority of patients, there is a small risk of complications. As part of the consent process I will explain some common and/or significant complications to you. This list doesn't include every single complication that could possibly occur, but will focus on the important ones. While it is important that you understand the risk of complications, this shouldn't put you off having the operation, as the potential benefits of successful surgery by far outweigh the small risk of complications. Please don't hesitate to get in touch with me if you've got any further questions about this.

Infection: There is always a small risk of infection following any surgery. The risk is small. If the wound should become red/hot/swollen/painful following the operation you should see myself, your GP or a Doctor in the A&E department for advice. A short course of Antibiotics will usually eradicate the infection.

Nerve/artery damage: There are two small nerves and arteries running on either side of the tendon and there is a small risk of damaging them. Accidental damage of the nerves is a very rare problem, but this could potentially leave you with numbness in the finger. Although some damaged nerves can be repaired, recovery is usually slow and often incomplete. Again: this is a very rare problem. Damage to one artery is usually not a problem, a bruise might develop. Damage to both arteries would be extremely rare and could potentially result in a finger amputation.

Incomplete release: During surgery the pulley tying the tendon down to the bone is released. If too much pulley is released this can result in bowstringing (see below). I will therefore try to release just enough of the pulley to make the operation a success. The advantage of carrying out the operation under local anaesthetic is that I can test during surgery whether enough pulley has been released. If not enough pulley has been released this could result in ongoing triggering or locking and may require further surgery.

Bowstringing: If too much pulley is released the tendon can start bowstringing and this can cause the tendon to stop working as a flexor of the finger. In other words: you may be unable to bend the finger properly. This is a very rare problem. In some patients this resolves with time and physiotherapy. Very few patients require further surgery to reconstruct the pulley followed by a lengthy rehab process.

Scar tenderness: This can sometimes be a problem. Most patients will respond to physiotherapy.

Pain syndrome: This is a rare but potentially disabling problem. It is a poorly understood condition where patients experience pain out of proportion following surgery. In severe cases this can also cause stiffness of the fingers. While intensive Physiotherapy can help most patients to control the symptoms, very few patients can be left with severe pain and stiffness leading to long-term disability.

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www.jf-ortho.co.uk

www.manchesterorthopaedicgroup.co.uk

www.advancedshoulderclinic.co.uk

www.orthobiologicsclinic.co.uk

Likely outcomes: Most patients are much improved, but as with any surgery there is always a very small risk of a poor outcome.

Following Surgery:

Bandages: You will have a padded bandage around your finger and wrist. This will leave your other fingers free so you can use your hand. You can remove the outer bandages after 2 days. Keep the sticky dressing on. If it gets wet, replace it with a dry dressing. After 2 weeks the dressing can be removed and you can get the wound wet.

Sutures: They are absorbable. You will be able to see them. Once the inside has been dissolved the outside bits will fall off. This usually happens after about 2 to 3 weeks. There is usually no need to formally remove the sutures.

Mobilisation: Keep your hand elevated, especially in the first couple of days when the tendency to swell up is strongest. You can mobilise as pain allows. Try to get on with your normal life as good as you can. As long as you apply a bit of common sense you will be fine.

Pain killers: You will get some to take home from the ward. The local anaesthetic will start to wear off a few hours following surgery. When you start feeling the first sensations coming back, take some painkillers straight away. They work best when you take them early before it's really painful. Take some painkillers before you go to bed. If pain levels are high: Take painkillers regularly to keep the blood levels high. If pain levels are low: Take painkillers as and when required.

Problems following surgery: Phone the ward for advice on 01625 505416

If you would prefer to discuss this again with me prior to treatment then please contact my secretary: Tel 07935 480188, email jfortho.secretary@gmail.com

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