

Trigger thumb/finger (children)

Your child has been diagnosed as having a trigger thumb/finger which is to be treated by an operation in our Day Surgery Unit.

What is a trigger thumb/finger?

Trigger thumb/finger is a condition which affects the tendons in the hand. It is not a serious or life-threatening problem but can interfere with certain functions of the hand and can be painful. It is also known as stenosing tenosynovitis or stenosing tenovaginitis.

The cause is often not clear but is thought to be due to inflammation which causes swelling to the tendon (strong tissue which attaches a muscle to a bone) or tendon sheath (similar to a tunnel that covers and protects parts of a tendon). If the tendon cannot glide smoothly through the sheath, the finger will not bend properly. It gets caught in the sheath and when it pops through it can give a click like a trigger being released and can also lock down completely. The operation requires a slit to be made in the tendon sheath to allow the finger/thumb to move smoothly again.

Risks and complications of surgery

The operation takes about 20 minutes and is usually very effective. However, there are certain risks and complications to consider:

- Swelling and/or stiffness of the treated finger or thumb. This will settle, particularly if the hand is kept elevated and fingers encouraged to move.
- Occasionally the scar may be tender or a little thick. This is usually temporary and helped by massaging the scar.
- Infection is unusual but can occasionally occur.
- Incomplete release or recurrence of symptoms.
- Nerve damage - in the hand the small nerves are close to the tendons. If they are damaged during surgery, there will be an area of numbness on one side of the finger/thumb.
- Complex regional pain syndrome – this causes pain and swelling in the hand which usually resolves in a few months but there can be permanent problems.
- Anaesthetic risks – see anaesthetic advice leaflet.

What to expect in hospital

Your child's operation will take place as a day case under a general anaesthetic. You and your child will be seen by an anaesthetist and your surgeon prior to the operation. They will check that your child is well and confirm that the operation is still necessary. You will be asked to sign a 'consent for treatment' form where the risks and benefits of the operation will be fully explained.

After the operation

Following the operation it is likely that your child will feel tired and possibly tearful. They may have a drink on return to the ward and will be encouraged to rest. The nurse looking after you will be assessing your child regularly and will let you know when it is safe for them to eat.

There should be a little discomfort but if your child experiences any pain, please tell the nurse looking after you and painkillers will be given.

The nurses looking after your child will be regularly assessing the wound dressing and affected finger/thumb for bleeding or changes to circulation, movement and sensation.

Wound care

The site of the operation will be covered with a dressing. Depending on the dressing type, your nurse/surgeon will advise you when to remove it. Please keep it clean and dry until then. We advise putting a plastic bag over your child's hand during bathing to help it to stay dry.

- Keep the dressing dry and as clean as possible.
- Contact the Children's Plastics Dressing Clinic/Children's ED if the dressing becomes wet or falls off.
- Encourage exercise of all the fingers unless otherwise advised.
- Keep the affected hand elevated to reduce excessive swelling.
- Avoid playing with sand and water.

Please observe your child's hand for any signs of infection, for example, excessive redness, pain, swelling or offensive discharge. If your child develops a high temperature with or without any of these visible signs they should be checked by your GP or Children's Emergency Department.

If there is intolerable oozing, bleeding or pain, contact Children's ED immediately.

Pain management

Regular pain relief is advised for up to a week. Paracetamol (Calpol) can be given 4-6 hourly up to four times a day and ibuprofen (Nurofen) 6-8 hourly up to three times a day. Please read the bottle for the correct dose for your child according to their age.

Nausea and Vomiting

Do not worry if your child feels sick or vomits once or twice after leaving hospital. The anaesthetic can cause this and it is not an uncommon side effect.

If it occurs, stop giving food for an hour and try small, frequent amounts of water or diluted squash, then a light diet such as toast or plain biscuits.

Activity

Due to the anaesthetic, your child must rest for 24-48 hours at home with adult supervision. They should be able to return to nursery or school by the end of the week. Encourage your child to move their finger/thumb.

Follow-up

Any follow-up appointment will be arranged by the hospital.

Useful contact details

East and North Hertfordshire Teaching NHS Trust:

- Website www.enherts-tr.nhs.uk
- Telephone 01438 314333

Bluebell Ward, Lister Hospital:

- Telephone 01438 284008

Children's Day Surgery, Level 4, Lister Hospital:

- Telephone 01438 285775

Children's ED, Lister Hospital:

- Telephone 01438 284333

Paediatric Plastics Dressing Clinic, Lister Hospital:

Bramble Ward, Lilac Zone on Level 2

- Telephone 01438 285496

Leaflet information

You can request this information in a different format or another language; please speak to your doctor or nurse.

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