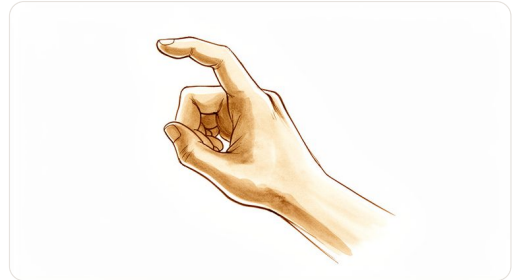


Trigger Finger

Trigger finger: the finger catches or locks as it bends.

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What you're feeling

You may notice pain in the palm of your hand, right where your finger or thumb meets the hand. This spot is tender when you press on it. You might also feel a small lump or knot there. This is often a thickened area in the tissue that guides your tendon, or a small swelling on the tendon itself.

The most common symptom is catching or locking. Your finger or thumb may get stuck in a bent position. You might hear or feel a snap when you try to straighten it. This often happens after you grip something tightly or use your hand forcefully. The problem is usually worse in the morning. It may feel stiff when you first wake up and loosen up as the day goes on.

In more severe cases, the finger locks firmly in a bent position. You might have to use your other hand to pull it straight. If this happens, your finger is stuck and you cannot move it on your own.

These symptoms can make daily tasks difficult. Simple actions like reaching behind your back to fasten a bra, tucking in a shirt, or gripping a steering wheel may become painful or awkward. You might find it hard to sleep if you rest your hand in a curled position.

Trigger finger is more common in women and people over 45. It affects the thumb most often, followed by the ring finger, middle finger, little finger, and index finger. If you have diabetes, you are more likely to develop this condition. Having trigger finger in multiple fingers at once can also be a sign of diabetes.

Sometimes, pain in the middle joint of your finger is mistaken for trigger finger. This pain comes from long-term strain on the joint. It may not go away completely even after your surgeon releases the tight tissue in your palm. If you have other health conditions like rheumatoid arthritis, several fingers may be involved, usually the middle and ring fingers.

What's actually happening

Trigger finger is a mechanical issue where your finger gets stuck. It happens because the tendons that bend your fingers rub against a tight band of tissue called the A1 pulley. Think of the tendon like a rope and the pulley like a pulley block. When the rope swells or the block narrows, the rope catches. This catching causes the locking or clicking you feel.

The swelling comes from changes in the tissue itself. The A1 pulley thickens and gains extra blood vessels. The tendon often develops a small bump, or nodule, as it passes through. This bump is made of different tissue types that do not slide smoothly. This is why your finger may catch, especially in the morning when stiffness is higher.

You might also feel pain in the palm or near the base of the finger. Sometimes the pain travels to the back of the hand. This condition affects two to three percent of people. It is more common in women and those with diabetes. In fact, ten to twenty percent of people with diabetes will develop it in their lifetime. It can also happen with other health issues like thyroid problems or rheumatoid arthritis.

The thumb, ring finger, and middle finger are affected most often. If you have Dupuytren's disease, a condition causing thickening in the palm, your risk is higher. This is because the extra tissue in the palm can irritate the tendon at the pulley. The problem is purely mechanical. The tendon simply cannot glide freely through its normal path.

What we can do about it

You can start with simple self-care at home. Gentle stretching, night splinting, and alternating heat or ice may help. A special splint that blocks the main finger joint works for 77% of people. A splint for the fingertip joint helps about half of users. These methods offer short-term relief and better function. You can try splinting alone as a low-risk first step. It provides symptom relief similar to steroid injections. Give conservative care a fair chance before moving to stronger treatments.

If self-care is not enough, your surgeon may recommend a corticosteroid injection. This medicine reduces swelling in the tendon sheath. It is an effective first-line treatment. For patients without diabetes, one or two injections bring relief in 65% to 90% of cases. About 60% of patients achieve success after just one injection. This relief is often long-lasting. For those with diabetes, results are less predictable and depend on blood sugar control. Repeat injections provide relief for a year or more in 50% of patients. Splinting and injections offer comparable outcomes. Your surgeon will choose the best option for your specific situation.

Surgery is considered when injections and splinting do not work. The procedure releases the tight band around the tendon. This allows the finger to move freely again. Open surgery is curative for most patients who fail conservative care. More than 90% of patients have satisfactory results after surgery. About 97% experience complete resolution of triggering. The operation is generally low-risk. Most patients stop needing pain medication within six weeks. Your surgeon will discuss whether open or needle-based release is right for you.

What to expect

Trigger finger often starts as a catching sensation that may come and go. Without treatment, symptoms can persist or worsen. Many patients find that conservative care works well. A single corticosteroid injection offers a 45% long-term success rate. Success beyond two years after a single injection likely predicts lasting symptom relief. Female patients with their first trigger finger have the highest rate of long-term success after one injection. If the first injection does not work, a second or third injection yields long-term relief in 39% of cases. Splinting is also an effective short-term option. It offers symptom relief and functional improvement comparable to steroid injections.

If you choose surgery, open trigger finger release is generally a low-risk procedure. It yields excellent long-term results with no recurrence. Serious complications, such as nerve damage or tendon bowstringing, are not seen with open surgery. However, minor issues are possible. About 1 in 20 fingers will experience a mild, transient adverse event after surgical release. These might include scar tenderness or temporary stiffness. About 1 in 200 fingers require a second surgery. Some patients may still feel pain in the finger joint if symptoms lasted a long time before surgery. This pain is due to joint changes and may not fully resolve after the release.

Your experience may vary based on your health. If you have diabetes, steroid injections may raise blood sugar levels for 5 days or more. Patients with unstable diabetes may be better treated without injections. If you have Dupuytren's disease, the outcome is less predictable than for ordinary trigger finger. Your preferences for treatment may change after seeing your surgeon, but these changes do not affect your final satisfaction. Most patients manage their condition well with either injections, splinting, or surgery. The goal is to restore smooth movement and reduce pain.

When to see someone

See your GP if you notice pain, catching, or a lump in your palm. Trigger finger affects 2% to 3% of people. It is more common in women and those with diabetes. Symptoms often worsen in the morning. You might feel pain at the base of your finger. Your finger may catch or lock when you bend it. In severe cases, you may need to use your other hand to straighten it. If your finger locks in a bent position, seek help. Persistent pain or weakness that interferes with sleep or work also warrants a review. Early assessment helps manage these mechanical issues effectively.