

## Procedure Information Sheet - Trigger Finger Release (Stenosing Tenosynovitis)

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### **Introduction**

The flexor tendon becomes trapped at the entrance to its sheath. On forced extension, it passes the constriction with a snap (triggering). This condition causes painful catching or popping of the affected finger in early stage. Later, the finger will lock in either flexion or extension.

### **Procedure**

1. The operation can be performed under local anaesthesia.
2. Skin incision at base of involved finger in the palm.
3. Release of flexor tendon.
4. Skin closure with stitches.

### **Pre-operative preparation**

1. You will need to sign a consent form and your doctor will explain to you the reason, procedure and possible complications.
2. No fast before the operation unless you choose general anaesthesia for the procedure.

### **Possible risks and complications**

- Common: wound infection, adhesion, scarring and residual pain, recurrence of triggering.
- Uncommon: nerve, tendon or blood vessel injury leading to finger numbness, stiffness or necrosis.

### **Post-operative information**

1. Can be discharged on the day of operation.
2. Regular mobilization of involved finger and keep the wound dry and clean.
3. Off stitches within 2 weeks.
4. Please contact your doctor if severe pain, redness of wound, swelling, purulent discharge, excessive bleeding or fever (body temperature above 38°C or 100°F) occurs.
5. Follow up on schedule as instructed by your doctor.

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### **Alternative treatment**

Physiotherapy, Steroid injection, Anti-inflammatory medication.

### **Remark**

The above mentioned procedural information is not exhaustive, other unforeseen complication may occur in special patient groups or individual differently. Please contact your physician for further enquiry.

**Reference:** [http://www21.ha.org.hk/smartpatient/tc/operationstests\\_procedures.html](http://www21.ha.org.hk/smartpatient/tc/operationstests_procedures.html)

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I acknowledge that the above information concerning my operation/procedure has been explained to me by Dr. \_\_\_\_\_. I have also been given the opportunity to ask questions and receive adequate explanations concerning my condition and the doctor's treatment plan.

**Name:**

Pt No.:

Case No.:

Sex/Age:

Unit Bed No:

Case Reg Date & Time:

Attn Dr:

Patient / Relative Signature: \_\_\_\_\_

Patient / Relative Name: \_\_\_\_\_

Relationship (if any): \_\_\_\_\_

Date: \_\_\_\_\_