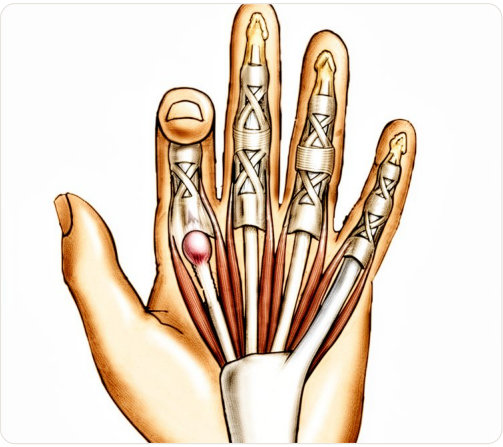
CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

INFORMATION & CONSENT

Trigger Finger Release



Trigger finger release: through a small incision at the base of the finger, the surgeon divides the A1 pulley (the tight band that the swollen tendon was catching on). Once divided, the tendon can glide freely again.

Kieran Hirpara 4.0

At-a-glance recovery. Pooled from 80 published studies — your own pace will vary.

LIGHT DUTIES desk work, driving, daily tasks	MOST EVERYDAY ACTIVITIES manual work, sport, gym	FINAL OUTCOME PLATEAU pain and strength
2-6 weeks	**3-6 months**	**12 months**
Return to desk work and light activities typically occurs within 2 to 6 weeks, with most patients resuming driving by 2 weeks if not on narcotics.	Return to manual labor and full strength activities is generally achieved within 3 to 6 months as range of motion and scar maturation improve.	Maximum improvement in range of motion and scar quality is typically observed by 12 months postoperatively.

Why this operation has been suggested

Trigger finger release is a short procedure that frees a tight tendon sheath in your palm to stop your finger from catching or locking. Your surgeon likely suggested this because you have persistent pain, a lump in your palm, or a finger that gets stuck, especially if steroid injections did not provide lasting relief. While most people try injections first, surgery is the best choice when those treatments fail or if you have diabetes and need a reliable solution.

This operation is generally low-risk and highly effective. About 97% of patients have complete resolution of their symptoms after the procedure. The main goal is to restore smooth movement and eliminate the pain that comes from your finger locking in a bent position.

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Before the operation

You will need to fast for several hours before your surgery and arrange for someone to drive you home. Please bring a list of all your current medications and wear comfortable clothing. Your surgeon may order simple tests like X-rays, blood work, or an anaesthetic review to ensure you are safe for the procedure. These checks help us understand your overall health and plan the best care for you. Your surgeon will give you specific instructions on which medicines to stop before the day of your operation. This open surgery uses a single small cut over the finger to release the tight tendon sheath.

On the day

You will arrive at the clinic and meet your anaesthetist to discuss pain control. This operation can be done under local anaesthetic (an injection that numbs just the area of surgery, with you awake) or under general anaesthetic (fully asleep). Most people choose local – recovery is quicker and you can go home soon after. If you'd prefer to be asleep, that's also a reasonable choice – discuss it with your surgeon and anaesthetist.

You will then go to the operating theatre where your surgeon makes a single small cut over the finger to release the tight band. The procedure is short and safe. Afterward, you wake up in recovery where staff monitor you until you are ready to go home. Minor issues like scar tenderness or slight stiffness can happen, but most patients feel immediate relief from the locking.

What the operation involves

Your surgeon will make a single cut about 2 cm long on the palm side of your finger or thumb. The exact spot depends on which digit is affected, usually just below the main crease of your hand. This cut gives access to the tight band of tissue, called the A1 pulley, that is catching your tendon.

Inside, your surgeon cuts this tight band to free the tendon so it can slide smoothly again. If you have rheumatoid arthritis, your surgeon may remove a small slip of tendon instead to protect your finger alignment. Once the band is released, you will move your finger back and forth to confirm it moves freely without catching.

The cut is closed with stitches that are removed at 10 to 14 days. A compression dressing is applied and removed after 48 hours. You are encouraged to use your finger normally once the dressing is off.

After the operation

You will wake up in a recovery area where your surgeon checks your hand. This open surgery is low-risk, though about 1 in 20 fingers may have a mild, temporary issue. You will go home the same day. Your hand will be wrapped in a dressing; a sling or brace is usually not needed for the thumb. Pain is managed with standard medication. You should have someone stay with you for the first 24 hours to help you. Most patients feel better quickly, and about 97% have complete resolution after the procedure.

Recovery

Your hand will feel stiff and sore for the first few days. You may notice some swelling or mild bruising around your finger. This is normal. Your surgeon may suggest using ice packs to help ease the discomfort. Some patients find that moving their finger gently helps reduce stiffness without causing harm.

You will likely be able to move your finger on the day of surgery. Your surgeon may advise you to keep the hand elevated to reduce swelling. You can usually wash your hand gently once the dressing is removed. Avoid heavy gripping or lifting until your surgeon says it is safe. Simple tasks like eating or typing are often fine very soon after the operation.

If you have diabetes, your blood sugar levels might rise slightly after the procedure. Your surgeon will monitor this closely. Everyone heals at a different pace. Your surgeon and therapist will guide you on when to return to work or driving based on your specific progress. Trust your body and follow their advice for the best results.

What can go wrong

Most patients do well, but problems can occasionally happen. Your surgeon and the team monitor you closely to spot any issue early.

You might notice redness, swelling, or pain that gets worse instead of better after your surgery. This could signal a deep infection, especially if you had a steroid injection in the last month. If you feel a deep, throbbing pain that simple painkillers cannot ease, or if you see redness spreading from the wound, call the clinic right away. You may need surgery to clean the area.

Sometimes the wound edges can separate slightly, or the scar might become very tender. You might also feel a decrease in how easily you can bend or straighten your finger. These are minor issues, but if they bother you, bring them up at your next review.

In rare cases, the nerve on the side of your thumb could be injured during the release. You might feel numbness, tingling, or a strange sensation in that area. If you notice sudden changes in feeling or strength, tell your surgeon immediately.

If you have rheumatoid arthritis, the surgery might make a sideways drift of your finger joint worse. You might see your finger leaning more toward the other fingers than before. Discuss this risk with your surgeon before the procedure.

Occasionally, the finger might start clicking or locking again after the operation. This can happen if the tendon catches on scar tissue or heals with a small lump. Usually, this feeling goes away with time, but if it persists, mention it to your team.

The complications table on this page lists typical rates if you want the specifics.

When to call us

Call us if you develop a fever, increasing redness, or discharge from your wound. Seek urgent care for sudden severe pain, new numbness, or if you cannot move your finger. Go to the emergency room immediately if you notice calf swelling or shortness of breath. These signs could indicate an infection, nerve injury, or a blood clot that needs immediate attention.

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COMPLICATIONS & CONSENT

Trigger Finger Release

Complication rates from published literature

Pooled from 80 published studies. These are population-level rates, not your individual risk — your surgeon will discuss what applies to you.

COMPLICATION	REPORTED RATE	NOTES
Persistent pain, stiffness, or swelling	**2.0-25.4%**	Some patients experience ongoing discomfort, finger stiffness, or swelling after surgery; most cases improve with hand therapy.
Scar tenderness or painful scar	**2-4%**	The scar in the palm may be tender, itchy, or painful for weeks to months after surgery; rarely painful neuromas may develop.
Joint stiffness or flexion contracture	**2-5%**	PIP joint stiffness from pre-existing contracture or post-surgical scarring.
Flexor tendon adhesions and stiffness	**1.4-16.0%**	Scarring of the tendon to surrounding tissue can result in stiffness and decreased grip strength, potentially requiring tenolysis.
Dupuytren contracture	**0.79%**	New-onset Dupuytren disease associated with surgical release.
Wound complications	**0.7-2.0%**	Minor wound issues include localized cellulitis (3.2%), stitch abscesses (0.8%), and wound dehiscence (0.9%); most resolve with oral antibiotics and supportive care.
Infection	**0.4-3.7%**	Superficial infections occur in 0.4-0.6% resolving with oral antibiotics; deep infections requiring surgical washout are rare (0.4%) but serious; diabetic patients have higher risk.
Recurrence requiring reoperation	**0.4-3.9%**	True recurrence of triggering after adequate initial release is uncommon but may require revision surgery.
Recurrent or persistent triggering	**0.3-6.0%**	Incomplete release or recurrence of triggering may occur requiring revision surgery; risk is higher with percutaneous techniques compared to open release.
Hematoma	**0.2-0.4%**	Postoperative bleeding or swelling requiring intervention.

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COMPLICATION	REPORTED RATE	NOTES
Digital nerve injury	**0.1-1.7%**	The nerves lie close to the surgical site and may be injured causing temporary or permanent numbness, altered sensation, or painful neuromas; risk is higher for thumb and index finger.
Flexor tendon bowstringing	**0.03-0.1%**	If too much of the pulley is released, the flexor tendon may bowstring away from the bone resulting in weakness and altered finger mechanics.
Flexor tendon injury or rupture	**Rare**	Direct tendon laceration or delayed rupture from surgical trauma.
Digital artery injury	**Rare**	Injury to the digital artery during release.
Incomplete release	**Rare**	May require repeat procedure.
Residual clicking or snapping	**Rare**	Persistent mechanical symptoms after release.
Loss of grip strength	**Rare**	Temporary; recovers with use.

I have read this information and have had the opportunity to ask Dr Hirpara questions about the procedure, its expected recovery, and the complications listed above.

PATIENT — PRINT NAME

SIGNATURE

DATE

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