Trigger Finger Release
Ultrasound-Guided Percutaneous vs Open Surgery

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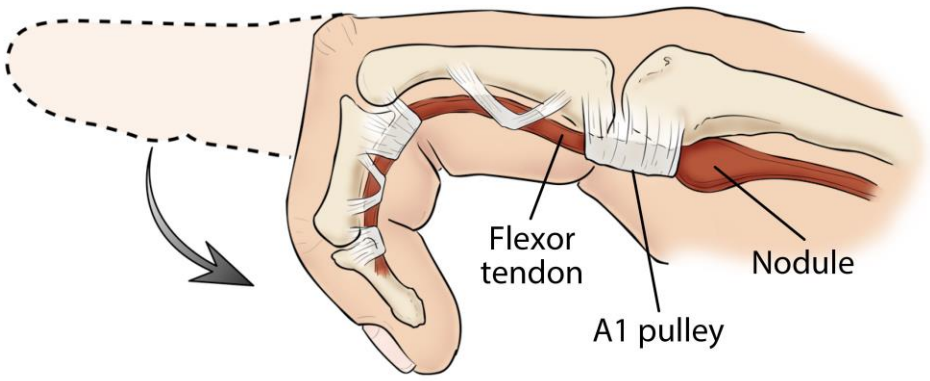
What is Trigger Finger?

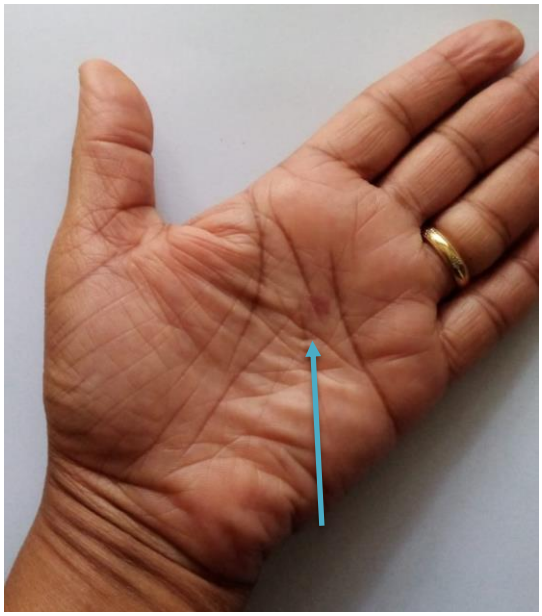
Trigger finger, also called stenosing tenosynovitis, happens when a nodule formed with ageing on the flexor tendon, catches under the A1 pulley at the base of the finger or thumb. This can cause painful clicking, a feeling of catching, or locking in a bent position. If splints, activity modification, or steroid injections do not settle symptoms, a small procedure to release the A1 pulley is recommended.



Two Procedure Options

Ultrasound-guided percutaneous release is a minimally invasive technique performed through a tiny skin puncture. There are no stitches. Real-time ultrasound is used to see the A1 pulley, the tendon, and nearby nerves and arteries while a micro-blade divides only the tight pulley. Full release is checked there and then.

Open release is the traditional operation through a 2 cm incision in the palm. The A1 pulley is divided under direct vision. Full release is also checked there and then. The wound is stitched. Wound infection is more common.



Comparison at a Glance

	Ultrasound-Guided Percutaneous	**Open Surgery**
Anaesthetic	Local anaesthetic	Local anaesthetic
Skin entry	Tiny cut, usually no stitches	2 cm incision in the palm, stitches used
Visualisation	Real-time ultrasound to identify pulley, tendon, nerves, and vessels	Direct vision of pulley and tendon in the wound
Setting	Clinic or Minor operation room	Day-case operating theatre
Post-procedure discomfort	Usually mild and short-lived	Will be more tender at the incision
Return to light use	Often same day	Usually within 3 to 7 days
Heavy gripping or manual work	Typically after 1 week	Typically after 3 to 6 weeks
Scar	Very small scar only	2 cm scar in the palm

Risks	Soreness, bruising, incomplete release, very small risk of nerve or vessel irritation (mitigated by ultrasound visualisation)	Soreness, bruising, wound issues, including infection, tendonitis, nerve irritation (rare)
Outcome	High success with rapid symptom relief	High success with durable symptom relief

Ultrasound-Guided Percutaneous Release

Local anaesthetic is injected to numb the area. A high-frequency ultrasound probe maps the A1 pulley, the flexor tendon, and the digital nerves and arteries. Through a tiny puncture, a specialised micro-blade is guided under ultrasound to release the A1 pulley only. A small dressing is applied and stitches are usually not required. Immediate movement is possible and bending and straightening the following day and washing and driving. More than one finger can be done at once and even in both hands.

Open Release

Under local anaesthetic a short incision is made in the palm. The A1 pulley is exposed under direct vision and divided. The skin is closed with sutures and a small dressing is applied. The finger is sore for many days and use is limited. Sutures are removed after 7-10 days.

Post Operative Care:

After the surgery, you will be shown the wound and a plaster and a bandage will be applied. Try to keep the fingers moving. You should take paracetamol or ibuprofen straight away because the finger will be sore that evening.

The next day the bandage can be removed and the wound washed with soap and water and another plaster applied. The wound should be fully healed in 4 days.

It is safe to use the hand as pain allows, so for dressing, food preparation and driving.