



Trigger thumb surgery

The aim of this leaflet is to answer some of the questions that you or your child may have about surgery for trigger thumb. You will also have an opportunity to discuss any further concerns with us in clinic.

What is trigger thumb?

Trigger thumb is a condition seen in young children where the thumb gets stuck in a bent position (flexed) – see picture. This occurs because the tendon that bends the thumb gets stuck in the tunnel, it usually glides freely. If you feel carefully at the base of the thumb you can feel the rucked-up tendon as a nodule (it is the size of a pea). Usually the thumb is able to be straightened to start with but can become fixed. It occurs in both thumbs in about a third of patients.



What is the treatment?

We always watch and wait for a few months to see if the triggering resolves by itself. If after three months the thumb is still triggering or stuck down, then surgery is the next step. (Please see our separate leaflet for general information on trigger thumb.)

What is involved with the operation?

The operation is straightforward and is done as a day case, under a general anaesthetic. It involves releasing the tight band to allow the tendon to move freely. It is performed through a small scar over the bump, at the base of the thumb. We use dissolvable stitches and a non-sticky dressing with a crepe bandage that stays on for two weeks.

What aftercare is needed?

Keeping your child quiet for the first day or so with the arm resting up on a cushion will help the swelling settle and aid healing. We ask you to keep the bandage on at all times and keep it dry while washing. Your child will be able to go to nursery or school after a few days. In the follow up appointment we reduce this bandage and swap it for a normal sticking plaster for a further week (see picture).



What are the success rates and risks?

The surgery has a very high success rate with a very rare chance of recurrence. The risks of surgery are also small and include the general surgical risks of infection, ugly scar, and numbness around the scar and specific risks of this operation – recurrence of triggering, tendon damage, need for further surgery. I will discuss all these in detail with you, before we go ahead.

What is involved with the operation?

Through a small horizontal skin crease incision over the lump, the tight tunnel that the tendon glides in is released. Care is needed to avoid the tiny nerves that supply the sensation to the tip of the thumb. We use dissolvable stitches and a nonsticky dressing with a crepe bandage that stays on until your first follow up appointment. The nursing staff will give you instructions regarding looking after your dressing and your follow-up appointment.



Contact us

If you require any further advice please contact the Clinical Nurse Specialist on 0118 322 8747 or 0118 322 5111, bleep 232.

To find out more about our Trust visit <u>www.royalberkshire.nhs.uk</u>

Please ask if you need this information in another language or format.

RBFT Orthopaedics (Paediatric), April 2025. Next review due: April 2027.