



Trigger Finger Release Post-operative Instructions

**Mustafa A. Haque, MD
Hand and Upper Extremity Surgery
CAO – Summit Orthopedics Division
(301) 657-9876**

The Surgery

Your trigger finger release surgery is an outpatient procedure that will be done in a formal operating room. After checking into our registration desk, you will be taken to a preoperative holding area where you will change into a gown, meet with your surgeon, your anesthesia staff, nurses, and other members of our team to evaluate you and prepare you for the procedure. You will then be taken to the operating room. The surgery is typically performed under a type of local anesthesia. Sometimes we schedule patients to also have sedation through an IV to make them more relaxed. If you are scheduled with sedation, it is very important that you have nothing to eat or drink after midnight the evening prior to surgery. You will also need to have someone else drive you home. If you are unable to meet these two needs, your surgery may have to be cancelled and rescheduled for another date. I also recommend that patients have all nail polish or false nails on the operative hand removed a few days prior to surgery to allow my team to sterilize the operative field better.

In the operating room, the OR staff will require about 15 minutes to anesthetize, prep, and drape your arm. After this, the surgery itself will take about 20 more minutes. During the operation, a one-inch incision will be made in your palm to release the ligament causing the triggering. The incision will be closed with nylon stitches. I usually inject the wound with a long-acting local anesthetic to give you an additional few hours of pain relief. A bulky dressing is placed on the hand and wrist, and you will be taken back to the preoperative holding area for recovery. Once you are comfortable and can drink clear fluids, you may go home.

Post-operative Protocol

The first 7 days

During this time, you should elevate and rest your hand as much as possible. You are encouraged to move your fingers, but it may cause some hand pain. Light typing or writing for no more than five minutes at a time is allowed, but if it causes pain you

should discontinue. You may not lift anything heavier than a cup of coffee with your surgical hand. You will have some swelling and bruising in your fingers, but as long as you can move them without severe pain, this is normal. Most patients only need Tylenol, Advil, Motrin, or other similar medications for pain relief post-op. If you would prefer, I can electronically prescribe a stronger pain medication to take as needed. When you shower, place a plastic bag over the hand and forearm and seal it well above the wound to keep it dry. Umbrella or newspaper bags work well.

You should call my office if you have progressively worsening pain that is not relieved by icing, rest, elevation, and your prescription pain medication. You should also call if you have a persistent fever of greater than 101°F or notice more than a drop or two per hour of drainage after the first week.

The 7th day until your 1st follow-up visit

On the 7th day after surgery, you may take off your surgical dressing. You will have dried blood on the dressing, and you may have some bleeding at the wound. You may also have swelling and bruising from the forearm to the fingers. All of this is normal. You should clean the wound with alcohol daily then cover it with a waterproof bandaid and keep it clean and dry until your follow-up appointment.

You should continue to move your fingers and gently try to open and close your hand during this time. You may type and write for up to 15 minutes at a time with low speed, but you should discontinue if your pain increases. You should still avoid any heavy lifting or tight grasp during this time.

The 1st follow-up visit (About 2 weeks post-op)

At this visit, I will check your wound. If it has healed, my assistants will remove the stitches and cover the wound with steristrips. I will also check your range of motion. If you have significant stiffness, I may send you to occupational therapy for a few weeks. Otherwise, you can just continue with opening and closing the hand and progress your activity. You can lift up to 2 pounds for the next two weeks, then slowly increase to full lifting.

You may now get the wound wet, but you should not scrub it for two more weeks. Simply pat it dry with a towel when you are done washing. You can remove the steristrips and leave the wound uncovered as long as it is in a clean, safe environment.

The 2nd follow-up visit

I will see you again in the office at about six weeks after surgery if you have any residual deficits or if you want to get checked. If you have regained full range of motion, I will teach you some strengthening exercises and have you follow up with me as needed. You may progress your activity and return to normal use of the hand over the next month.

If you are still having stiffness, numbness or pain, I will start other treatments such as medications, therapy, or splinting as indicated. Additionally, I will personalize further follow-up visits to meet your needs.