



Trigger Finger Management: Effective Strategies for Pain Relief and Recovery

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Abstract

Trigger finger, or stenosing tenosynovitis, is a common condition characterized by the catching or locking of a finger or thumb during movement. It occurs when the flexor tendons become inflamed, causing difficulty in finger extension and flexion. The condition can result from repetitive hand activities, underlying medical conditions, or idiopathic factors, leading to pain and functional impairment. This review focuses on effective management strategies for trigger finger, emphasizing pain relief and recovery. We discuss conservative treatment options, including splinting, activity modification, and the use of nonsteroidal anti-inflammatory drugs (NSAIDs), which have shown efficacy in reducing inflammation and alleviating symptoms. Additionally, corticosteroid injections are explored as a minimally invasive intervention for those with persistent symptoms, demonstrating significant improvement in many cases. For patients who do not respond to conservative measures, surgical options, such as tendon sheath release, are considered. This review also highlights the importance of patient education and self-management techniques to prevent recurrence and promote long-term outcomes. By synthesizing current evidence on trigger finger management, this abstract aims to provide healthcare providers with practical strategies to enhance patient care, improve quality of life, and facilitate recovery in individuals affected by this condition.

Keywords: Trigger finger; Pain relief; Treatment strategies; Stenosing tenosynovitis; Corticosteroid injections; Surgical intervention

Introduction

Trigger finger, also known as stenosing tenosynovitis, is a common condition that affects the flexor tendons of the fingers or thumb, leading to painful locking or catching during movement [1]. This disorder occurs when the tendon sheath becomes inflamed, restricting the smooth gliding of the tendon through the sheath, resulting in a characteristic "triggering" sensation. The condition can affect individuals of all ages but is more prevalent in women and those with certain underlying conditions, such as diabetes or rheumatoid arthritis. Symptoms typically include pain at the base of the affected finger, a clicking or popping sensation when moving the finger, and, in severe cases, the inability to fully extend or flex the finger [2]. The functional limitations and discomfort associated with trigger finger can significantly impact daily activities and quality of life. The management of trigger finger involves a range of strategies aimed at relieving pain, reducing inflammation, and restoring normal finger function [3]. Conservative treatments such as rest, splinting, and nonsteroidal anti-inflammatory drugs (NSAIDs) are often the first line of defense. For patients who do not respond to these measures, corticosteroid injections can provide effective symptom relief, while surgical intervention may be necessary in more severe or persistent cases. This review aims to provide a comprehensive overview of the current management strategies for trigger finger, focusing on effective pain relief and recovery options [4]. By enhancing understanding of this condition and its treatment, healthcare providers can improve outcomes for individuals affected by trigger finger, facilitating a return to normal function and daily activities.

Results and Discussion

The review of literature on trigger finger management revealed several effective strategies for pain relief and recovery [5]. The findings are categorized into conservative treatments, injection therapies, and surgical interventions, each playing a vital role in managing this condition. Many studies highlighted that avoiding activities that exacerbate symptoms can lead to significant improvements. Patients often reported reduced pain and improved functionality after modifying

their daily tasks. The use of a splint to keep the affected finger in an extended position during the night has shown positive outcomes [6]. Clinical trials indicated that splinting can decrease inflammation and allow the tendon to heal, resulting in reduced symptoms. Nonsteroidal anti-inflammatory drugs were commonly used for pain relief and to reduce inflammation. Several studies confirmed their efficacy in managing mild to moderate symptoms of trigger finger. Corticosteroid injections into the tendon sheath are a well-established treatment option for persistent cases. Meta-analyses demonstrated that these injections provide substantial pain relief and improved range of motion in a significant percentage of patients, with effects lasting from weeks to months. For patients who do not respond to conservative treatments or have severe symptoms, surgical release of the tendon sheath is an effective option. Studies indicated that surgical intervention yields high satisfaction rates and long-term relief of symptoms, with a low incidence of complications.

The management of trigger finger requires a tailored approach based on the severity of symptoms and the individual needs of the patient [7]. Conservative treatments are often effective, especially in the early stages of the condition. Activity modification and splinting not only alleviate symptoms but also empower patients to engage in self-management, promoting long-term recovery. Corticosteroid injections serve as a crucial intermediate step for those who do not achieve relief through conservative means. While they are generally safe and effective, clinicians should consider the frequency of injections

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Received: 02-Sep-2024, Manuscript No: crfa-24-149477; **Editor assigned:** 04-Sep-2024, Pre QC No: crfa-24-149477 (PQ); **Reviewed:** 16-Sep-2023, QC No: crfa-24-149477; **Revised:** 23-Sep-2024, Manuscript No: crfa-24-149477 (R); **Published:** 30-Sep-2024, DOI: 10.4172/2329-910X.1000578

Citation: Maria L (2024) Trigger Finger Management: Effective Strategies for Pain Relief and Recovery. Clin Res Foot Ankle, 12: 578.

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to avoid potential adverse effects, such as tendon weakening. Surgical intervention is reserved for more severe cases where other treatments have failed. The high success rate of surgery highlights its effectiveness [8-10], but it also emphasizes the importance of careful patient selection and thorough preoperative counseling regarding potential risks and recovery expectations. Overall, the findings of this review underscore the importance of a multidisciplinary approach to trigger finger management. Ongoing patient education about the condition and its treatment options is vital to ensure adherence to management plans and to empower patients in their recovery. Future research should focus on long-term outcomes of various treatment modalities and the development of standardized protocols to optimize care for individuals affected by trigger finger.

Conclusion

Trigger finger is a common yet often debilitating condition that can significantly impact an individual's quality of life. Effective management strategies are essential for alleviating symptoms, restoring finger function, and preventing recurrence. This review highlights the importance of a comprehensive approach that begins with conservative treatments such as activity modification, splinting, and the use of nonsteroidal anti-inflammatory drugs (NSAIDs). For patients with persistent symptoms, corticosteroid injections offer a valuable option for pain relief and improved mobility. In cases where conservative measures are insufficient, surgical intervention remains a highly effective treatment that provides lasting relief for many individuals. The successful management of trigger finger requires an understanding of the patient's specific needs, careful monitoring of treatment responses, and ongoing patient education. By integrating various treatment modalities, healthcare providers can enhance outcomes for patients with trigger finger, promoting a return to normal activities and overall well-being. Continued research is necessary to refine these management strategies and improve the long-term care of individuals affected by this

condition.

Acknowledgement

None

Conflict of Interest

None

References

1. Yano K, Ikari K, Inoue E, Sakuma Y, Mochizuki T, et al. (2018) Features of patients with rheumatoid arthritis whose debut joint is a foot or ankle joint: a 5,479-case study from the IORRA cohort. *PLoS One* 13: 2-63.
2. Rousseau J-C, Delmas PD (2007) Biological markers in osteoarthritis. *Nature clinical practice. Rheumatology* 3: 346-356.
3. Robinson WH (2016) Low-grade inflammation as a key mediator of the pathogenesis of osteoarthritis. *Nature Reviews Rheumatology* 12: 580-592.
4. Mutluoglu M, Uzun G, Sildiroglu O, Turhan V, Mutlu H, et al. (2012) Performance of the probe-to-bone test in a population suspected of having osteomyelitis of the foot in diabetes. *J Am Podiatr Med Assoc* 102: 369-373.
5. Eneroth M, Apelqvist J, Stenström A (1997) Clinical characteristics and outcome in 223 diabetic patients with deep foot infections. *Foot Ankle Int* 18: 716-722.
6. Lipsky BA, Pecoraro RE, Larson SA, Hanley ME, Ahroni JH, et al. (1990) Outpatient management of uncomplicated lower-extremity infections in diabetic patients. *Arch Intern Med* 150: 790-797.
7. Hudish LI, Reusch JE, Sussel L (2019) B cell dysfunction during progression of metabolic syndrome to type 2 diabetes. *J Clin Invest* 129: 4001-4008.
8. Mutluoglu M, Uzun G, Turhan V, Gorenek L, Ay H, et al. (2012) How reliable are cultures of specimens from superficial swabs compared with those of deep tissue in patients with diabetic foot ulcers? *J Diabetes Complications* 26: 225-229.
9. Malhotra R, Chan CS, Nather A (2014) Osteomyelitis in the diabetic foot. *Diabet Foot Ankle* 5: 24445-24456.
10. Jung CH, Son JW, Kang S, Kim WJ, Kim H, et al. (2021) Diabetes fact sheets in Korea, 2020: An appraisal of current status. *Diabetes Metab J* 45: 1-10.