

Your child's surgery to release a trigger finger or thumb

This leaflet is about your child's surgery to treat a finger or thumb that gets stuck in a bent position. It explains what you should do before your child's procedure, on the day of the procedure and when you return home.

Your child's condition and procedure

Why does my child need surgery to release their trigger finger or thumb?

Your child is having this procedure to treat a condition called a trigger finger or thumb. The condition affects the tendon (tough cord) to the finger or thumb and sometimes the pulley (band of tissue or tunnel) that it moves through.

If a tendon or the pulley (tunnel) that it moves through is swollen and inflamed, the tendon gets irritated. It cannot glide freely and gets stuck. This can make it hard for your child to move the affected finger or thumb.

When your child tries to bend their finger or thumb, it may get caught in a locked position and then suddenly pop straight. This is like a trigger being pulled and released. With time, your child may get a small lump at the bottom of their finger or thumb where it joins the palm of the hand.

The aim of the procedure is to release your child's trigger finger or thumb. This should make it easier for your child to use their hand and help with the discomfort.

Are there any other treatment options to this procedure?

A trigger finger or thumb in children often improves without treatment as they get older.

Your child's doctor may teach you how to stretch and massage their affected finger or thumb. After being stretched, the finger or thumb can be kept still and straight in a splint to reduce swelling.

We do not usually give children steroid injections to treat trigger finger or thumb. If the condition does not get better on its own and your child's finger or thumb cannot be straightened, they may need surgery. We usually do the surgery on children between the ages of 2 and 4.

Before your child's procedure

What needs to happen before my child's procedure?

We need to see your child at a pre-admission clinic. This clinic may take place face to face or online. We make sure that your child is ready for an anaesthetic, which is a medicine to make them sleep during the procedure, and surgery. After the pre-admission clinic, our admissions team contacts you by letter, text message or phone. We offer you a date for your child's procedure.

Your child should not eat for 6 hours before the procedure. They can drink water until they arrive at the Evelina London children's day surgery unit. We give you more guidance about this (fasting instructions).

Do I need to get pain medicine ready for my child?

Please make sure that you have a week's supply of paracetamol (a painkiller) and ibuprofen (an anti-inflammatory medicine) at home before the procedure. We do not routinely give these medicines to take home for your child after day surgery.

You can buy paracetamol and ibuprofen from a pharmacy, supermarket or shop. Paracetamol for children may also be called Calpol®. Ibuprofen for children may also be called Calprofen® or Nurofen®. You need the type of medicine that you would give your child if they were unwell with a cold or ear ache. If your child cannot take paracetamol or ibuprofen for any reason, please speak to their healthcare team about other options.

On the day of the procedure

When you arrive at the children's day surgery unit

We give you a time to arrive at the Evelina London children's day surgery unit. It is important that you arrive at the correct time and have followed the fasting instructions for your child. If you arrive late or have not followed the fasting instructions, we may not be able to do the procedure.

You and your child meet the surgical and anaesthetic teams on the admissions ward before the procedure. We confirm that you have given your permission (consent) for the procedure. You can ask us any questions that you may have.

During the procedure

We give your child a general anaesthetic. This is a medicine that makes your child sleep and stops them feeling any pain during the procedure. You can stay with your child until they are asleep. Please see our separate leaflet called "Your child's general anaesthetic" for details.

When your child is asleep, the surgeon makes a small cut in the affected hand. They release the pulley that is blocking the movement of the tendon. After this, the tendon can glide more freely and smoothly without getting stuck. Finally, the surgeon closes the skin with stitches and covers it with a bandage.

Are there any risks to my child's procedure?

Every procedure has some risks of complications. To reduce these risks, we make sure that your child is well at the time of the procedure. We talk to you about the risks in the clinic and before the procedure when we confirm that we have your consent.

The specific risks of surgery to release a trigger finger or thumb are:

- swelling or stiffness of the finger or thumb. This settles if your child keeps their hand raised and moves their fingers
- a tender or slightly thick scar. This is usually temporary and massaging the scar can help
- an infection that needs to be treated with antibiotics
- incomplete release of the trigger finger or thumb, or a return of symptoms. However, the procedure is usually effective
- an area of tingling or numbness on one side of the finger or thumb. This can be caused by damage to the blood vessels or nerves. It happens in less than 1 out of 100 or 1% of cases
- complex regional pain syndrome, which causes pain and swelling in the hand. This usually gets better after a few months, but can be permanent in rare cases

After your child's procedure

How will my child look and feel after their procedure?

Your child may feel drowsy after their surgery and sleep for a while. They may be restless (agitated) and upset for up to an hour after waking up from the procedure. Some children may have pain and feel or be sick (vomit), but this is not common.

During the procedure, we may give your child painkillers, fluids, anti-sickness medicines and a local anaesthetic. The local anaesthetic is medicine that makes the area around the wound numb.

After the procedure, your child has a bulky bandage and plaster splint on their finger or thumb. The plaster splint helps to keep the finger or thumb still and straight.

Will my child be in pain after their procedure?

Your child usually has a local anaesthetic medicine during their procedure. This medicine gives them pain relief for several hours after they wake up.

When your child is awake, we may give them paracetamol, ibuprofen or both medicines. You can continue to give your child these medicines as needed when they are at home. The nurses can guide you when the next amount (dose) of pain medicine is due.

When can my child eat and drink after their procedure?

Your child should be able to eat and drink as usual within 1 to 2 hours of the procedure.

Do we see the surgeon after my child's procedure?

Yes, the surgeon comes to check your child after their procedure. They update you about the surgery and answer any questions that you may have.

When can my child go home?

Your child can go home on the same day as their procedure when they:

- feel comfortable
- can manage (tolerate) their usual food and drink
- are not feeling sick (nausea) or being sick (vomiting)
- are behaving as they usually do

Please supervise your child carefully on the journey home. According to the sudden infant death syndrome (SIDS) guidelines, it is best to avoid long car journeys for babies under 1 year of age.

If you travel home by car, it is important that:

- you stop for frequent breaks to feed your baby and change their position
- an adult sits with the baby in the back of the car

After you go home

How do I care for my child's wound after their procedure?

After the procedure, the surgeon or a member of their team gives you specific instructions about your child's wound and dressings. They explain how to look after your child's wound while it heals and what follow-up care you can expect.

Your child has a bulky bandage and plaster splint on their finger or thumb. It is important that your child wears the bandage and that you keep it clean and dry until their first wound check. You can put a plastic bag over your child's hand during bathing to help the bandage stay dry.

After 1 week, we see your child in the clinic, check their wound and change the bandage. Your child needs to wear the plaster splint for 2 weeks. Our hand therapy department also gives you a splint for your child to wear at night for 6 weeks in total.

We explain if your child's stitches are dissolvable or need to be removed.

While your child's hand heals, try to keep it raised at home on some pillows to reduce any swelling. It is also important to encourage your child to move their finger or thumb.

How can I manage my child's pain after their procedure?

If your child appears to be in any pain at home, we recommend giving them paracetamol and ibuprofen. You can give them these medicines regularly for 2 to 3 days and then as needed. Please remember to buy the pain medicines before the day of your child's procedure. It is also important to make sure that your child drinks plenty of fluids.

It is safe to give the 2 medicines at the same time, ideally with food. This is easier to plan and the medicines work in different ways. You can give your child:

- 1 recommended amount (dose) of paracetamol every 4 to 6 hours and no more than 4 doses in 24 hours
- 1 dose of ibuprofen every 6 to 8 hours and no more than 3 doses in 24 hours

You may find the following chart helpful to keep track of your child's medicines.

Home medicine chart for parents

Medicine	Time to give	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Paracetamol								
Ibuprofen								

Do I need to look for any symptoms after my child's procedure?

Contact a GP or the plastic surgery team if you feel that your child is unwell, or you notice:

- bleeding
- signs of infection, such as pain, severe swelling, hardening or thickening of the skin, redness that spreads on the skin, a bad smell from the wound and leaking yellow-green liquid called pus
- a high temperature (fever)
- your child is not eating or drinking well

On white skin, the area around the wound can appear red if it is infected. On brown or black skin, the area can appear red or purple but it may be more difficult to notice the redness. An infected wound site may feel warm or hot to touch on any skin colour. If you are very concerned or notice these symptoms outside of working hours (Monday to Friday, 9am to 5pm), call 999 or go to A&E.

Do you see my child again after their procedure?

Your child usually sees their consultant or another member of the plastic surgery team after about 3 months. We may give you a date for a follow-up appointment while you are still in the children's day surgery unit. It is most likely that you will get a phone call from our team in the next few days.

Contact us

If you **cannot keep your appointment**, contact our admissions team, **phone** 020 7188 9098, **email** gstt.paediatricadmissions@nhs.net

If your child has a **cough, cold or high temperature** in the 2 weeks before the procedure, contact our pre-assessment team, **phone** 020 7188 7188 extension 58209

If you have any **concerns during working hours (Monday to Friday, 9am to 5pm)** about your child's surgery, call the paediatric plastic surgery clinical nurse specialist, **phone** 07747 204 489

If you have any **concerns outside working hours (Monday to Friday, 5pm to 9am or at the weekend)** about your child's surgery, contact the on-call plastic surgery doctor through the main switchboard, **phone** 020 7188 7188 and ask for bleep 0155

If you have any **concerns from 24 hours after surgery** about your child's health, contact your child's specialist surgical team or GP surgery, or **phone** NHS 111

If you are concerned that your child is **seriously unwell** at any time, go to your nearest A&E or **phone** 999

For more information on conditions, procedures, treatments and services offered at our hospitals, please visit **web** www.evelinalondon.nhs.uk/leaflets



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