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CARE PRIOR TO TRIGGER FINGER SURGERY

What to do before surgery?

Use a chlorhexidine gluconate (CHG 4%) scrub brush to thoroughly wash the hand the night before and the morning of surgery. Wash for at least 7 minutes. Wash using the sponge and water. These sponges can be purchased at most drug stores.

When should I arrive to the Cowichan District Hospital?

You should arrive 20 minutes prior to your scheduled surgery time. Once you are at the hospital go to the admitting station to check in. This is just in front of the Emergency Room entrance.

What will happen at the time of surgery?

Before going in for surgery you will meet with Dr. Anzarut. This is a good opportunity to ask any remaining questions. Next, he will use a marking pen to mark your hand. Local anesthesia will be applied to ensure the area is numb for the surgery. You will repeat the chlorhexidine gluconate scrub for 5 minutes. A nurse will help you into a stretcher and prepare the area for surgery. At the start of the procedure a tourniquet will be applied to your forearm and inflated for the duration of the surgery. On average, procedure lasts for 10 minutes.

CARE AFTER TRIGGER FINGER SURGERY

This is a short surgery with a small incision; however the recovery is not short and not small. Most patients can do all activities at 4 weeks and have full recovery by 3 months. Carefully follow the instructions below to ensure the best result.

Pain

The best ways to manage pain are elevation, ice, rest, and medications. Keep your hand elevated for the next 48 hours minimum. Think about 3 points in the world – your hand, your heart, and the floor. For the next 48 hours your hand should be the highest of those 3 points. ***It is essential to ice the area.*** Ice the area for 15 minutes ‘on’ and 15 minutes ‘off’ for the first 48 hours while awake. This can be done with ice packs or a bag of frozen vegetables. Always have something between the ice and the hand. You can use a cloth or the dressings. Ice directly against the hand can cause damage. Take 650 mg of Tylenol and 200 mg of Advil every 6 hours for the first 48 hours. Some patients prefer to have Tylenol with codeine (Tylenol #3) during the first 48 hours. If this is the case please let Dr. Anzarut’s staff know and they will organize a prescription for this.

***** If you have an allergy or intolerance to Tylenol or Advil speak with Dr. Anzarut or your family doctor prior to taking these medications. Patients with liver disease, kidney disease, or a history of ulcers should not take these medications without first discussing it with their family physician.***

Things to watch for

Infection: Worsening pain, fevers, chills, or red streaks up the arm. If you have some or all of these symptoms contact the office, Dr. Anzarut, or go directly to the emergency room.

Compartment syndrome: Swelling can lead to a tight dressing. This may cause throbbing pain and discomfort. If untreated, this can lead to serious and permanent injury. If you are experiencing throbbing pain elevate the hand for 10 minutes. If the pain continues remove all the dressings so that the skin is exposed. If the pain does not resolve after another 10 minutes contact Dr. Anzarut or go to the emergency room immediately.

Dressing instructions

Assuming there are no problems, leave the dressings on and keep them dry for the first 5 days.

Washing

After 5 days you can take the dressings off and shower. You must keep the wound clean to avoid infection. You may get the wound wet by letting water drip over it. After cleaning or showering, pat the area dry. Do not soak the wound for the first 2 weeks [no baths or swimming].

Use of the hand

Move the fingers right away, this is helpful for healing. You should be able to make a full fist by the 3rd week. During the first 3 weeks avoid putting direct pressure against the incision and avoid heavy lifting. Excess activity early on will worsen the pain, slow the healing, and delay recovery. After 3 weeks you can use your hand as tolerating. Avoid activities that produce discomfort. If by 3 weeks, you are unable to make a full fist you will likely need formal physical therapy. If this occurs please call the office. By 3 months you should have full use of the hand without and discomfort.

Follow-up

Your sutures will need to be removed after 3 weeks. This can be done at Dr. Anzarut's office or by your family doctor. If you have any questions or concerns prior to this, please call the office. Please avoid having another physician treat problems related to your surgery. If you have concerns, call the office (250.597.2064). If you are unable to get through to the office and there is an emergency you can call Dr. Anzarut directly (250.510.4668).

When should I call the office?

- 1) Increasing pain
- 2) Infection
- 3) Unable to make a full fist by 2 weeks post operatively
- 4) *Any other concerns*