

Evaluating Outcomes of Flexor Tendon Excision During Trigger Finger Release

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INTRODUCTION: Patients with trigger finger who are refractory to nonsurgical treatments require trigger finger release (TFR) using A1 pulley release, while those with persistent triggering or severe PIP contracture may necessitate additional flexor tendon excision (FTE). This study characterizes the frequency of FTE performed at the time of primary TFR and compares outcomes between isolated TFR and TFR with additional FTE for trigger finger management.

METHODS: 8,551 patients who underwent TFR were retrospectively reviewed, among whom 218 (2.5%) required additional FTE. A 2:1 matched isolated TFR group was used for comparison. Patient demographics, complications, and outcomes were compared.

RESULTS: 121 patients undergoing TFR with FTE were matched to 243 patients undergoing isolated TFR. The TFR with complete FTE group was youngest and predominantly male. The long finger was most commonly affected across all groups. WALANT was the most frequently used type of anesthesia in isolated TFR procedures while local anesthesia with sedation was more commonly used for TFR with FTE. The proportion of patients who received at least one preoperative steroid injection was highest in the isolated TFR group. All other demographic variables, complications, and patient-reported outcomes were comparable between groups.

DISCUSSION AND CONCLUSION: This study found high rates of postoperative improvement in TFR with FTE groups, as well as similar oral and steroid injections, complication rates, and DASH scores compared to the isolated TFR group. Therefore, TFR with FTE can be a safe and effective surgery with similar outcomes to isolated TFR and no additional risks in appropriately indicated patients.