

***PERCUTANEOUS TRIGGER FINGER
RELEASE UNDER EMLA
ANAESTHESIA: TECHNIQUE AND
RESULTS***

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Purpose

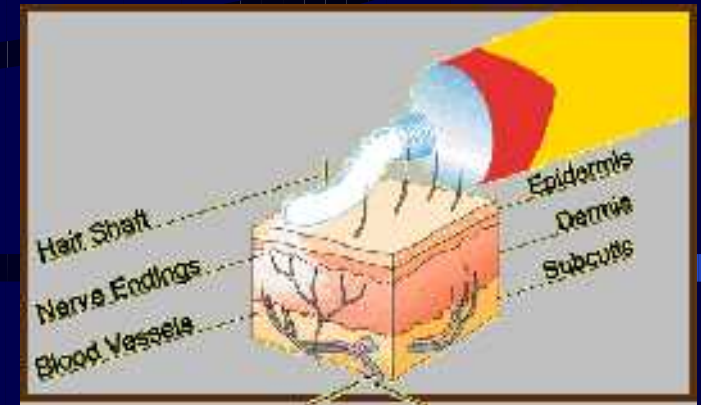
To evaluate the effectiveness of
transdermal anaesthesia (EMLA)
in percutaneous release of the A1 pulley



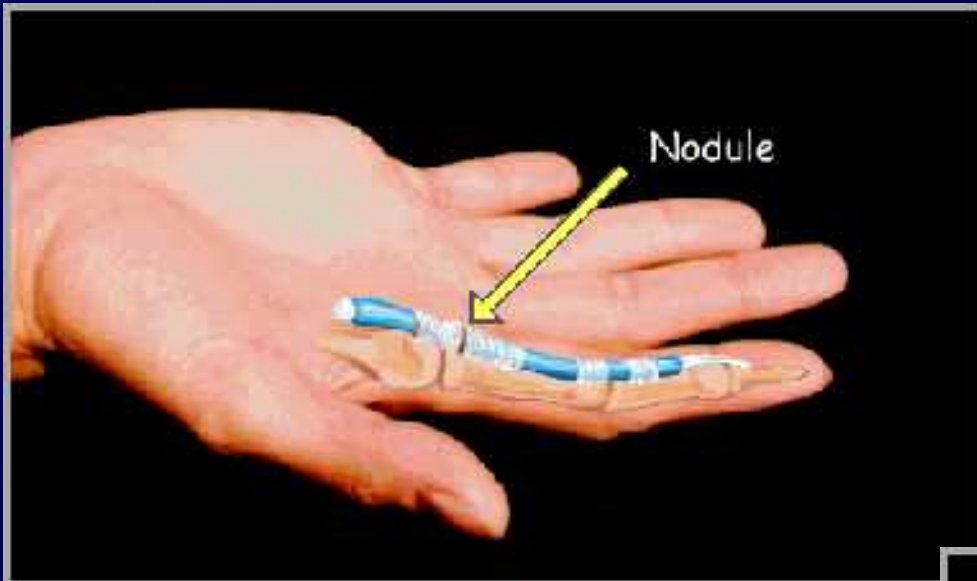
EMLA[®]

Used for

- IV & IA cannulation
- Wound debridement
- Split thickness skin grafting



Trigger Finger



The simplest and most common tendon problem



Operative Treatment of Trigger Finger

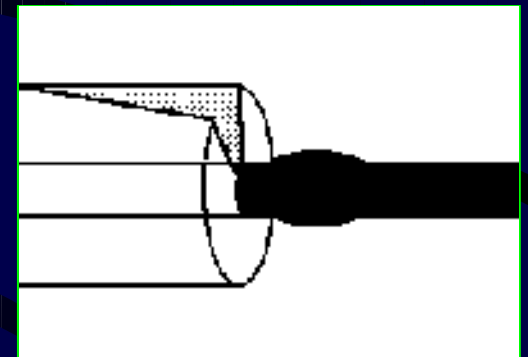
Goal:

Release of A1 Pulley



Methods:

- Open
- Percutaneous



Operative Treatment of Trigger Finger

Open Release

Extensive experience available, Rheumatoid Arthritis,
More traumatic, Local anaesthesia risks,
Wound complications

Percutaneous Release

Successful, painless, no wound complications,
cosmetically superior, extensive surgical experience
needed

Patients - Methods

Stenosing Tenosynovitis (Trigger Finger)

in 28 patients (34 fingers)

treated with

Percutaneous Release of the A1 Annular Pulley

Patients - Methods

The mean age of the patients was 63 ± 9 years

and most of them were women (22, 78.5%)

Indications of Surgery

- ✓ Chronically locked fingers
- ✓ Failure of conservative treatment
(splint, steroids)
- ✓ No Rheumatoid Arthritis

Finger Distribution



Anaesthesia

Transdermal anaesthesia using an
eutectic mixture of lidocaine and prilocaine (EMLA[®])
applied transcutaneously 120 minutes
prior to the operation

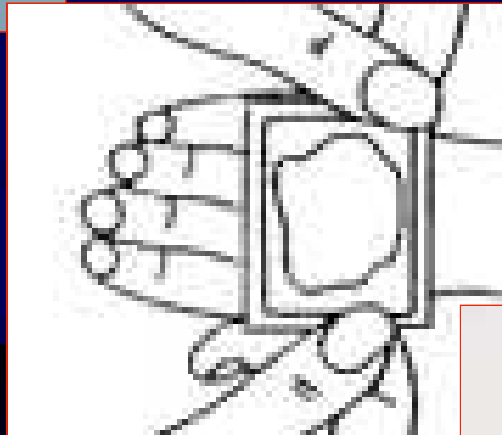
Application Method

(Demonstration)

1. Five mg at area of operation (e.g A1 pulley). Do Not Rub In



2. Adhesive Film



3. Two-hour waiting time



Operation

1. Demonstration of locking
2. Landmark drawing
3. Percutaneous release with a 18g needle mounted on a 3-ml syringe under tourniquet



Outcome Measures

- ✓ Average follow-up 7 months (5-11)
- ✓ Pain experience during the operation was assessed using a 100-point Visual Analogue Pain Scale (VAPS)
- ✓ All patients rated the level of anaesthesia during the procedure on a four point scale (excellent, good, insufficient, painful).

Potential Complications

- Infection
- Scar
- Stiffness
- Algodystrophy
- Nerve Injury
- Failure to release A1 pulley

Results

- ✓ Successful release in all cases
- ✓ No significant complication
- ✓ Average Operating time 3.5 minutes
- ✓ All patients tolerated the procedure comfortably
- ✓ No local skin problems

The patient's perception of the adequacy of the anaesthetic regimen.

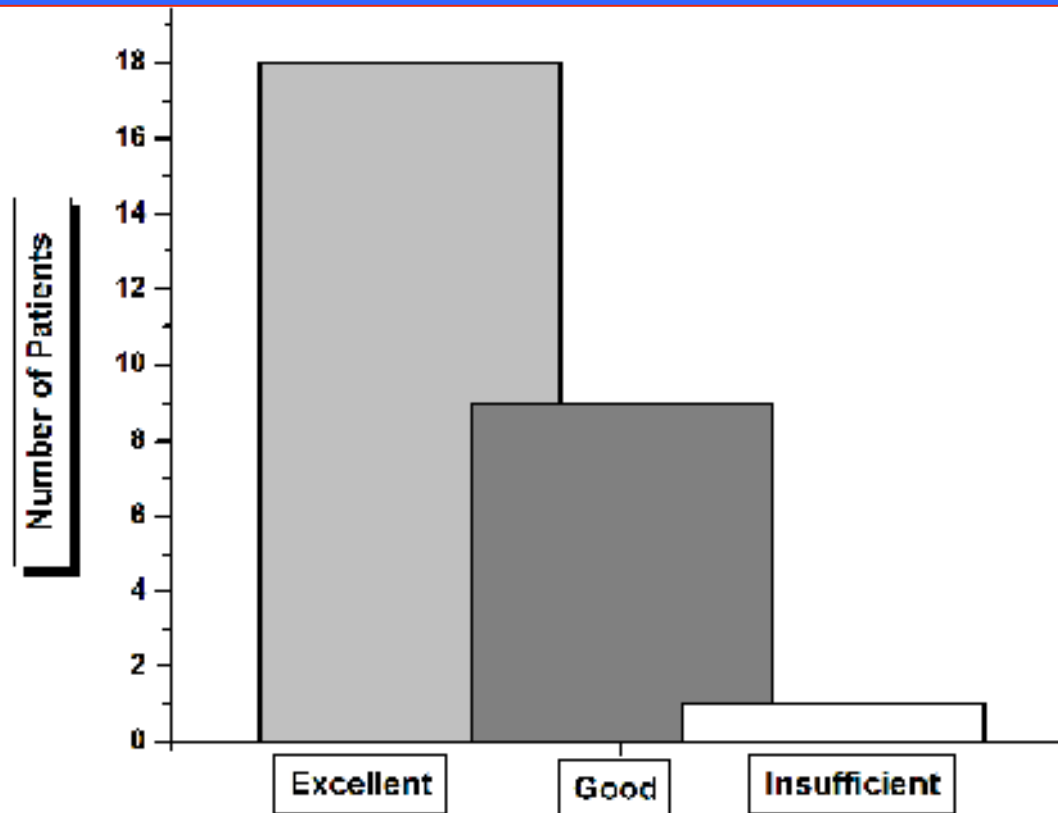
✓ No patient regarded the anaesthesia

being poor

✓ Most of the patients were satisfied

with the anaesthesia

The patient's perception of the adequacy of the anaesthetic regimen.



Pain Perception During the Operation

The mean VAS score, representing the level of pain during the operation was 4.3 (1.9-5)

EMLA Advantages

- Painless
- Effective
- Easy to use and apply
- Virtually no complications
- Extremely rare side effects (skin blanching)

EMLA Disadvantages

- Not effective for most injections unless very superficial
- Expensive
- 1-2 hours to act
- Preplanning is necessary
- Not useful for emergencies or for wound closure.

Conclusio n

Percutaneous trigger finger release can be safely performed
as an office procedure with the use of EMLA
avoiding the use of injectable local anaesthetics.
The procedure is effective with low complication rate
having excellent long-term results.

Thank you