

Postoperative Instructions and Recovery Trigger Finger Release

This guide offers general milestones; however, your surgeon may adjust instructions based on your specific condition. Always follow the instructions given by your healthcare team.

Immediate Post-Op (0–2 Weeks)

1. Incision and Wound Care

- Keep your incision and dressing clean and dry.
- Do not remove your dressing unless instructed by your surgeon.
- The dressing is usually left in place until your first postoperative visit, or it may be changed earlier if it becomes wet, loose, or saturated.
- If the dressing falls off, replace it with a clean, dry bandage.
- Do not apply ointments, creams, peroxide, or alcohol to the incision unless instructed.
- Check daily for redness, warmth, increased swelling, drainage, foul odor, or wound opening.
- Sutures are typically removed around 10–14 days after surgery, depending on healing.

2. Bathing

- You may usually shower 24–72 hours after surgery if the dressing can be kept dry.
- Cover the hand with a waterproof covering while showering.
- Do not soak the hand.
- No baths, hot tubs, swimming, dishwater soaking, or submerging the incision until the wound is fully healed and cleared by your surgeon.
- If the dressing becomes wet, replace it with a clean, dry dressing.

3. Pain Management

- Take prescribed pain medications **only as needed**, following the instructions.
- Ice may be used for pain and swelling, but keep the dressing dry.
- Elevate the hand above heart level as much as possible for the first few days.
- Mild bruising, swelling, soreness, and stiffness are common after surgery.
- If no restrictions, **it is OK to utilize** non-narcotic medications like **Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) and Tylenol (Acetaminophen)**. Examples of NSAIDs include: **Follow the bottle instructions for dosing.**
 - i. Ibuprofen (Advil, Motrin IB)
 - ii. Naproxen (Aleve, Anaprox DS)
 - iii. Meloxicam (Mobic)
 - iv. Diclofenac
 - v. Indomethacin
 - vi. Etc.

- Narcotic medications you may be taking for pain control can cause constipation. You may take stool softener to avoid this. Keep bowels regular by drinking fluids, adding fiber to diet, and being active (getting out of bed, sitting up in a chair, and going for a walk).
- Restart home medications as directed by primary care.

4. Activity

- Move your fingers gently several times per day unless instructed otherwise.
- Full finger motion is encouraged early to reduce stiffness.
- Avoid heavy gripping, squeezing, pushing, pulling, or forceful use of the hand.
- Do not lift anything heavier than a coffee cup or light household item with the operative hand during the first few days.
- Avoid direct pressure over the incision.
- You may use the hand for light activities such as eating, typing, dressing, and hygiene as comfort allows.

5. Work

- Return to work depends on your job duties.
- Desk work or light duty may be possible within a few days if pain is controlled and the incision can stay clean and protected.
- Jobs requiring heavy gripping, lifting, tool use, patient care, or manual labor may require additional restrictions until cleared.

6. Driving

- Do not drive while taking narcotic pain medication.
- You may return to driving when you can safely grip the steering wheel, react quickly, and control the vehicle without significant pain or limitation.

7. Concerning Symptoms

Call the office if:

- Fever over 101.5°F or Chills
- Worsening pain, slight numbness, or weakness in your fingers or hand.
- Signs of infection (redness, swelling, foul odor, purulence)
- Excessive bleeding through the dressing
- Wound separation or opening

Present to the Emergency Department if:

- Difficulty breathing / Shortness of breath
- Chest pain
- Rapidly worsening swelling, severe hand pain, or concern for loss of circulation, cold/numb fingers.

**We will see you back in the office 2 weeks after surgery for a wound check.
Please call the office to make or confirm this appointment.**

Early Recovery (2–6 Weeks)

1. Incision and Wound Care

- Continue to observe the incision for signs of infection or delayed healing.
- Once sutures are removed and the incision is healed, you may keep the incision uncovered.
- If the incision is still sensitive, you may cover it with a small bandage for comfort.
- Do not use creams, lotions, scar gel, or ointments until the incision is fully healed and cleared by your surgeon.
- Scar tenderness and firmness are common during this stage.

2. Bathing

- Continue to avoid **baths, hot tubs, and swimming** until at least 6 weeks

3. Pain Management

- You may start tapering off stronger pain medications if your pain levels allow.
- Continue to use NSAIDs / Tylenol to aid in pain relief.

4. Activity

- Continue working on full finger range of motion.
- Gradually increase light use of the hand as tolerated.
- Avoid forceful gripping, repetitive squeezing, heavy lifting, or vibration tools until cleared.
- If stiffness is significant, hand therapy may be recommended.
- It is common for the finger to feel weak or sore with gripping during early recovery.

5. Work

- You may consider returning to work at this time **if you feel comfortable**.
- Many patients with desk or light-duty jobs can return during this period.
- Manual labor, repetitive gripping, and heavy tool use may require longer restrictions.

6. Driving

- You may return to driving **only if** you are no longer taking narcotic pain medications

**We will see you back in the office 6 weeks after surgery
Please call the office to make or confirm this appointment.**

Mid-Recovery (6–12 Weeks)

1. Incision and Wound Care

- Your incisions should be well on their way to fully healing at this point.
- You may keep the incisions uncovered.
- You may start using over-the-counter ointment or creams at **8 weeks**.

2. Bathing

- You may begin to use baths, hot tubs, and return to swimming.

3. Pain Management

- You should be relying less on prescription pain medications.
- Over-the-counter medications (e.g., NSAIDS / Tylenol) should be sufficient.

4. Activity

- You may gradually return to heavier gripping, lifting, and strengthening as tolerated.
- Continue finger motion exercises until full motion is restored.
- If your finger remains stiff, swollen, or painful, hand therapy may be helpful.
- Repetitive or forceful hand use should be increased gradually rather than all at once.

5. Work

- Most patients can return to regular work duties by this stage, depending on job demands.
- Patients with heavy manual labor, repetitive gripping, or tool-based work may require a gradual return.

**We will see you back in the office 3 months after surgery
Please call the office to make or confirm this appointment.**

Long-Term Maintenance (3 Months and Beyond)

1. Ongoing Recovery

- Most patients have significant improvement in catching, locking, and pain by this stage.
- Some scar tenderness, swelling, or stiffness can take several months to fully resolve.
- Continue normal hand use as tolerated.
- Maintain finger motion and grip strength with regular daily activity.

2. Persistent or Recurrent Symptoms

- True recurrence after trigger finger release is uncommon but possible.
- Persistent pain, stiffness, numbness, or recurrent catching should be evaluated.
- Patients with diabetes, inflammatory arthritis, or multiple trigger fingers may have a higher risk of stiffness, delayed healing, or additional trigger digits.

3. Lifestyle Modifications

- Avoid smoking or tobacco use, as this can impair wound healing.
- Maintain good blood sugar control if diabetic.
- Maintain good nutrition and hydration to support wound healing.
- Follow all restrictions and attend follow-up appointments as directed.

**We will see you back in the office 6 and 12 months after surgery
Please call the office to make or confirm this appointment**

Key Reminders Throughout Recovery

- Keep the incision clean and dry until healed.
- Do not soak the hand until cleared.
- Move the fingers early and often to prevent stiffness.
- Avoid heavy gripping and lifting until cleared.
- Elevate the hand early after surgery to reduce swelling.
- Call the office for increasing redness, swelling, drainage, fever, worsening pain, numbness, or wound concerns.
- Recovery varies by patient, especially with diabetes, smoking, inflammatory disease, revision surgery, or multiple trigger fingers.

Contact Information

Dr. Andrew Meyers

Office Phone: (318) 323-8451

Call the office if:

- Fever over 101.5°F or chills
- Increasing redness, swelling, warmth, foul odor, or drainage
- Worsening pain despite medication
- New numbness, tingling, or inability to move the finger
- Wound opening or excessive bleeding

Present to the Emergency Department if:

- Difficulty breathing or shortness of breath
- Chest pain
- Rapidly worsening hand swelling, severe pain, or concern for circulation problems

Disclaimer: This timeline is a general guide. Individual recovery can vary based on factors like age, overall health, and the extent of surgery. Always follow the personalized instructions provided by your surgeon and healthcare team.