

PROCEDURE: , Trigger finger release.,PROCEDURE IN
DETAIL: , After administering appropriate antibiotics and MAC
anesthesia, the upper extremity was prepped and draped in
the usual standard fashion. The arm was exsanguinated with
Esmarch, and the tourniquet inflated to 250 mmHg.,A
longitudinal incision was made over the digit's A1 pulley.
Dissection was carried down to the flexor sheath with care
taken to identify and protect the neurovascular bundles. The
sheath was opened under direct vision with a scalpel, and
then a scissor was used to release it under direct vision from
the proximal extent of the A1 pulley to just proximal to the
proximal digital crease. Meticulous hemostasis was
maintained with bipolar electrocautery.,The tendons were
identified and atraumatically pulled to ensure that no
triggering remained. The patient then actively moved the digit,
and no triggering was noted.,After irrigating out the wound
with copious amounts of sterile saline, the skin was closed
with 5-0 nylon simple interrupted sutures.,The wound was
dressed and the patient was sent to the recovery room in
good condition, having tolerated the procedure well.