

PROCEDURE: ,Trigger thumb release.,PROCEDURE IN  
DETAIL: , After administering appropriate antibiotics and MAC  
anesthesia, the upper extremity was prepped and draped in  
the usual sterile fashion. The arm was exsanguinated with  
Esmarch, and the tourniquet inflated to 250 mmHg.,A  
transverse incision was made over the MPJ crease of the  
thumb. Dissection was carried down to the flexor sheath with  
care taken to identify and protect the neurovascular bundles.  
The flexor sheath was opened under direct vision with a  
scalpel, and then a scissor was used to release the A1 pulley  
under direct vision on the radial side, from its proximal extent  
to its distal extent at the junction of the proximal and middle  
thirds of the proximal phalanx. Meticulous hemostasis was  
maintained with bipolar electrocautery.,The flexor pollicis  
longus tendon was identified and atraumatically pulled to  
ensure that no triggering remained. The patient then actively  
moved the thumb 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.