

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.