

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.