recurrence can occur with incomplete release of oblique bands of the pulley so check motion intraoperatively to ensure complete release. Take care not to excessively release the thumb flexor pulley system, as this can result in flexor tendon bowstringing. If recurrence occurs, then treatment is often repeat release. Infection can be prevented by keeping surgical site clean and dry. Cast immobilization helps to keep the surgical site protected and stops the child from picking at the wound while healing. Rare instances of FPL injury have been reported that require repair.

The most common complication in trigger finger release is incomplete release, so careful intraoperative assessment of all potential abnormal anatomic culprits of triggering, sequential release of the involved structures, and intra-operative assessment of finger motion is imperative. Loupe magnification during surgery is helpful to ensure neurovascular bundles are protected and uninjured during surgery.

Lastly, for both procedures, if the child sucks their thumb or regularly chews their fingers, warn parents to protect any fingers that are involved in the block and free from casting, as the child may chew the finger to injury (Figure 6).

***Figure 6.*** *Finger injured from chewing while numb from block*

## Summary

Trigger thumb is a very common condition found in young children that can be easily treated with surgical release of the A1 pulley if it doesn't resolve with observation. It is important, however, to distinguish trigger thumb from trigger finger, which is much less common and can be associated with metabolic, rheumatologic, or other conditions. It can be treated with splinting, but if surgical release is required, then the treating surgeon must recognize that multiple structures can contribute to the triggering, and all contributing structures must be released at the time of surgery to avoid recurrence.

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