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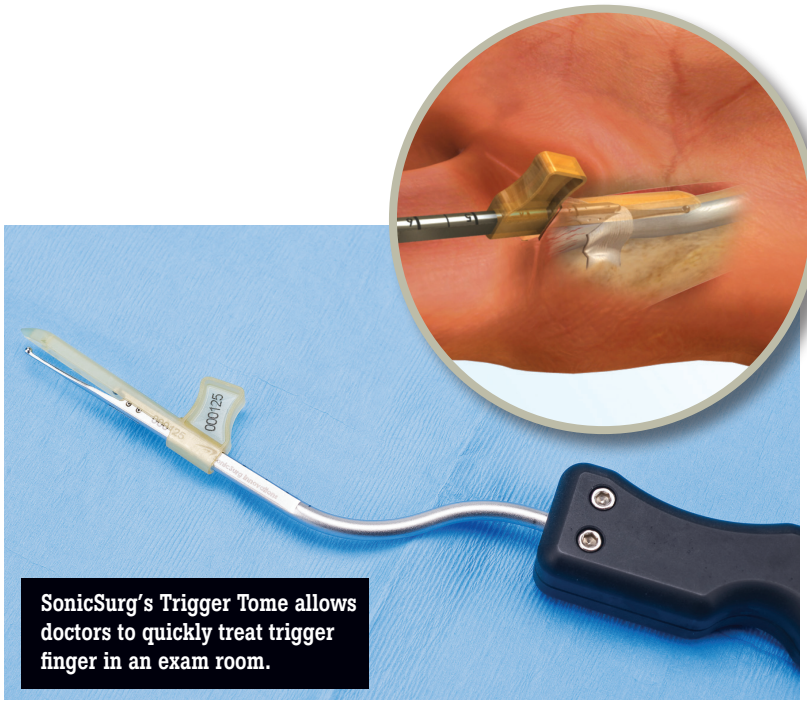
# Trigger-Finger Release

## SonicSurg Innovations, LLC, Plymouth




SonicSurg's Trigger Tome allows doctors to quickly treat trigger finger in an exam room.

Trigger finger is a painful condition where the sheath that covers the tendon in a finger swells, causing friction between the tendon and sheath and resulting in snapping or locking of the finger. The inflammation that causes trigger finger may be the result of repetitive activities, rheumatoid arthritis, gout, or diabetes, and the condition is more common in women.

If over-the-counter pain relievers and cortisone shots don't help, the patient may need surgery to release the tendon. Traditionally, trigger-finger surgery takes place in a hospital or surgical center, but a device called the Trigger Tome allows doctors to perform a similar procedure in their offices—often the same day the condition is diagnosed. Jim Phillips, president of SonicSurg Innovations, LLC, the medical device company that designed Trigger Tome, says this saves patients money because there is no need for a pre-op physical, no surgery copay, and no anesthetic (except locally). Trigger Tome saves surgeons time, too; whereas they can perform maybe four trigger-finger releases in one day at a surgery center, Phillips says a doctor can do five to 10 procedures in one morning in his or her office.

Trigger Tome **saves patients money** by eliminating a pre-op physical, surgery copay, and general anesthesia.

The Trigger Tome procedure requires that a patient's hand is sterilized and anesthetized. The surgeon first makes a three- to four-millimeter incision in the palm just below the first crease of the finger, then makes a path for the device using dissection scissors and inserts the ball-tip guide of the Trigger Tome into the hand. The device contains a tiny blade that is protected by a small tube until it reaches the tendon sheath. The surgeon then uses high-definition ultrasound to verify that the instrument is in the correct location, and the device is pushed forward, cutting the tendon sheath. The device is removed and the surgeon asks the patient to make a fist to ensure that the tendon is released.

The five-minute procedure is wrapped up with a stitch, or more likely just a drop of Dermabond skin adhesive or a bandage. Patients can immediately use the hand for light activities such as driving and typing, and can return to all activity within one to two weeks. The traditional surgery in a hospital requires a larger incision and longer recovery time.