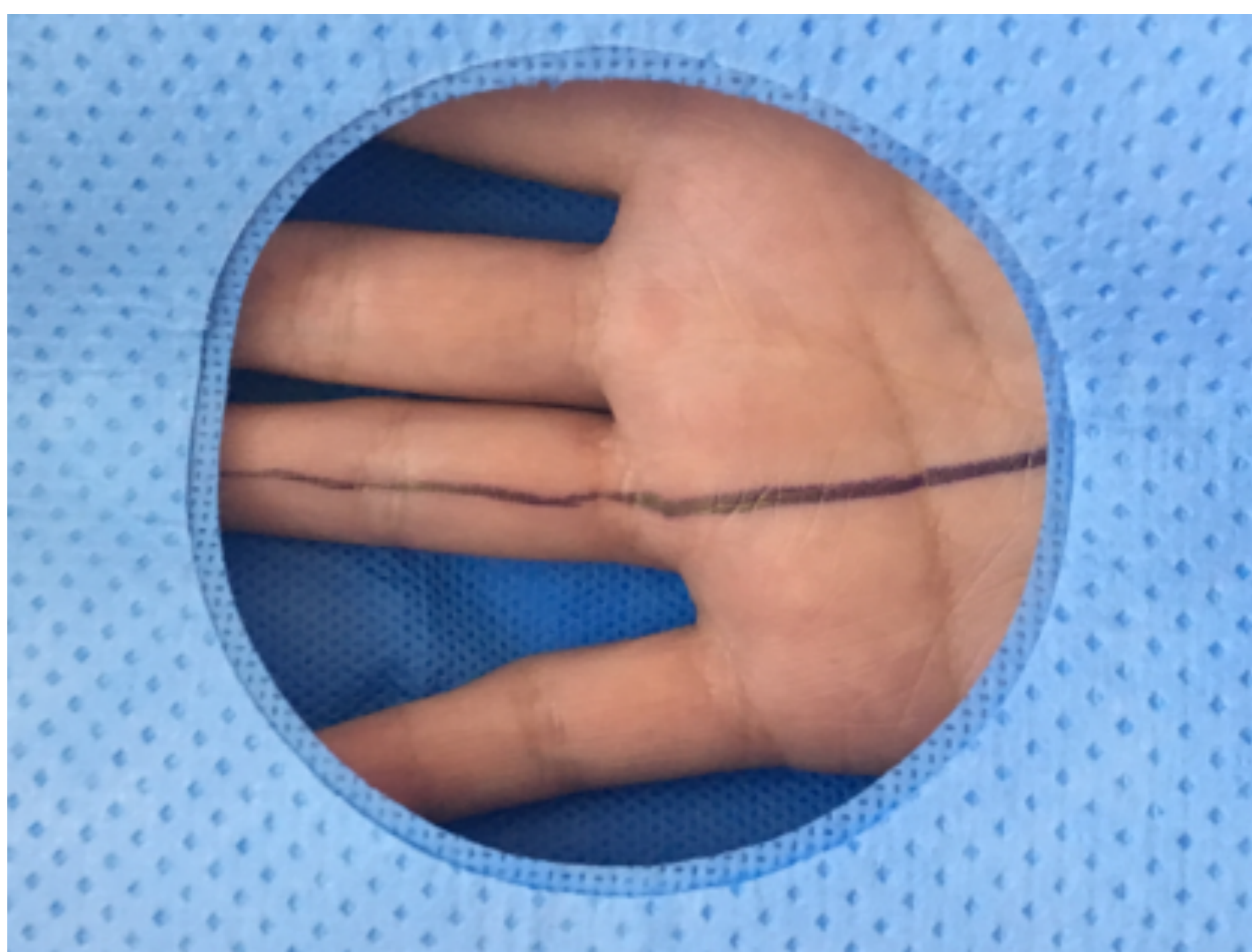
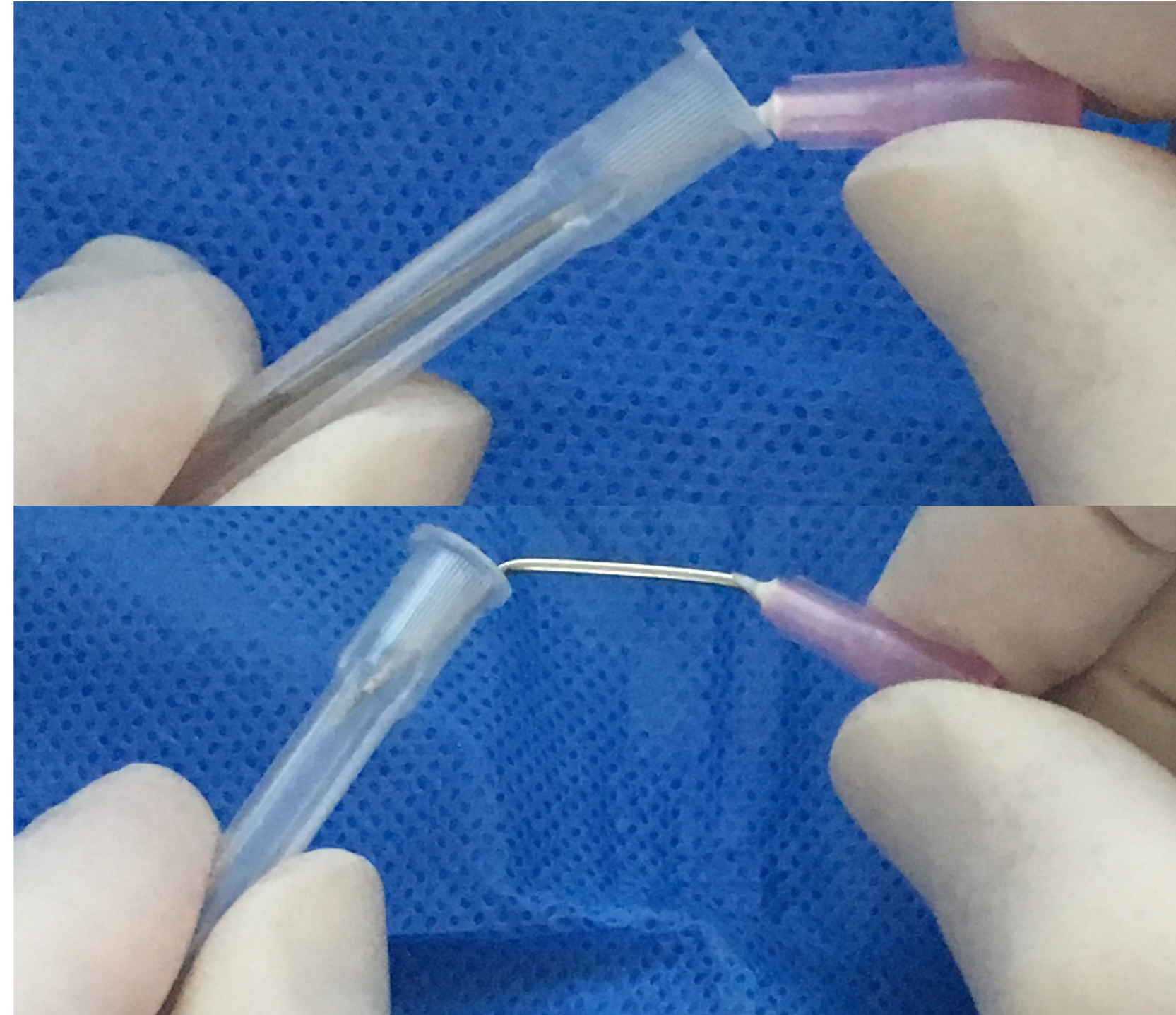


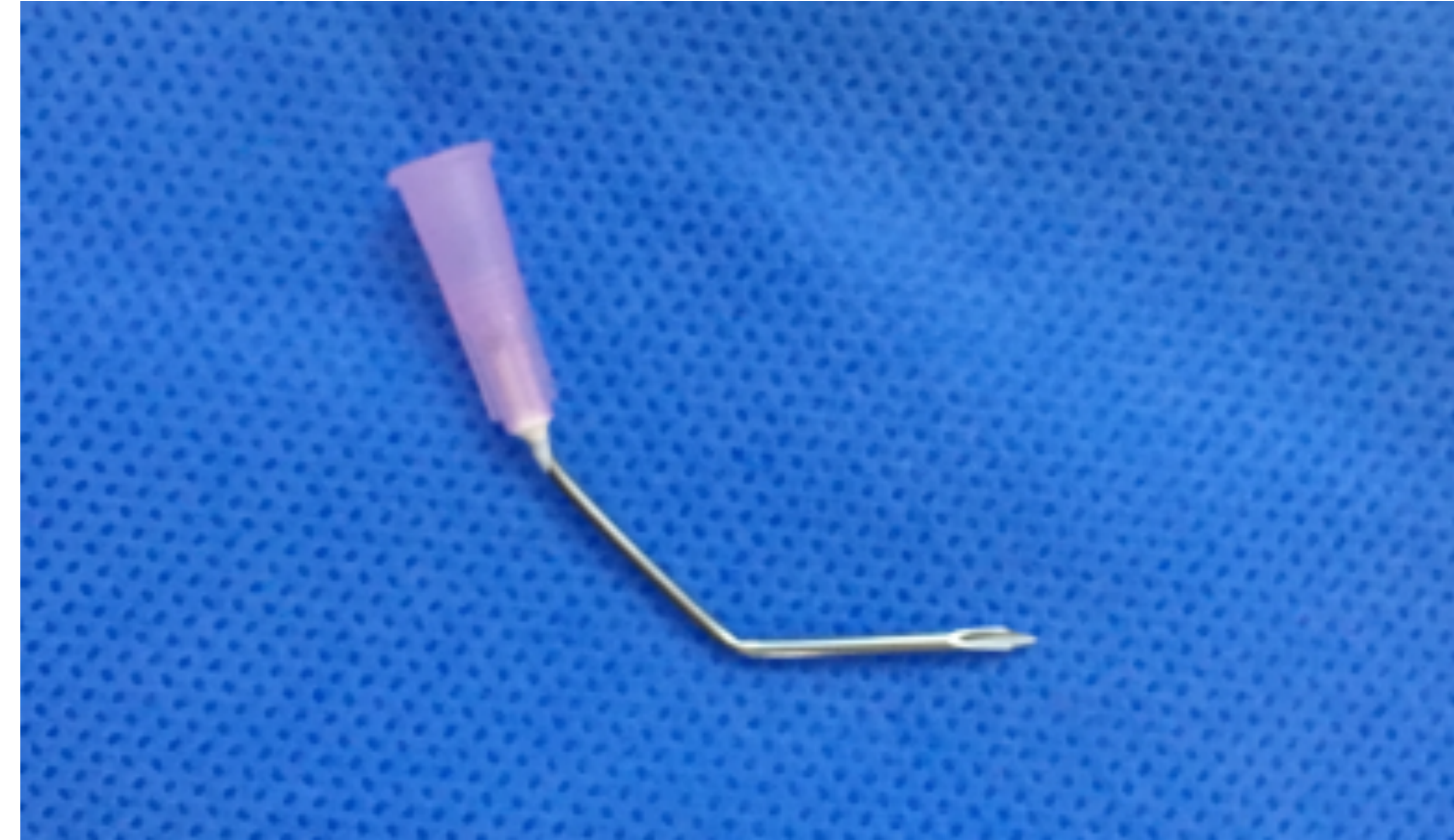
The Learning (of the Needle Curve): A Pictorial Guide of Ultrasound Guided Percutaneous A1 Pulley Release for the Treatment of Trigger Finger Sampson, MJ; Lim GS



1. Mark affected finger with skin marker for easy identification once under drape. Place small, rolled up towel under wrist. Sterile prep and drape. Inject 3-5mL 1% Xylocaine under US guidance for anaesthesia.



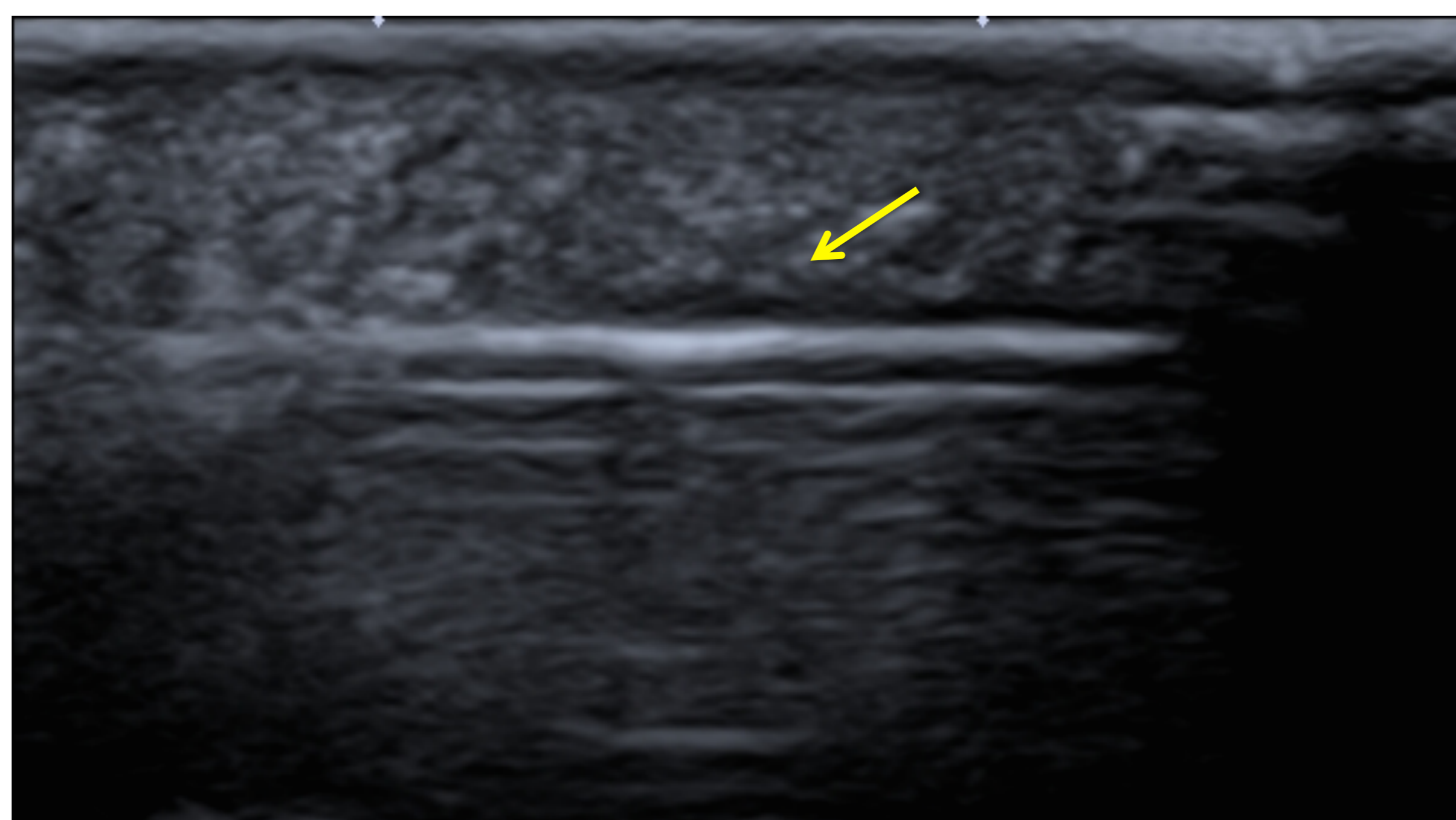
2. Using the needle cap, bend the 18G needle 25 degrees at the hub and 25 degrees at the mid-point of the needle.



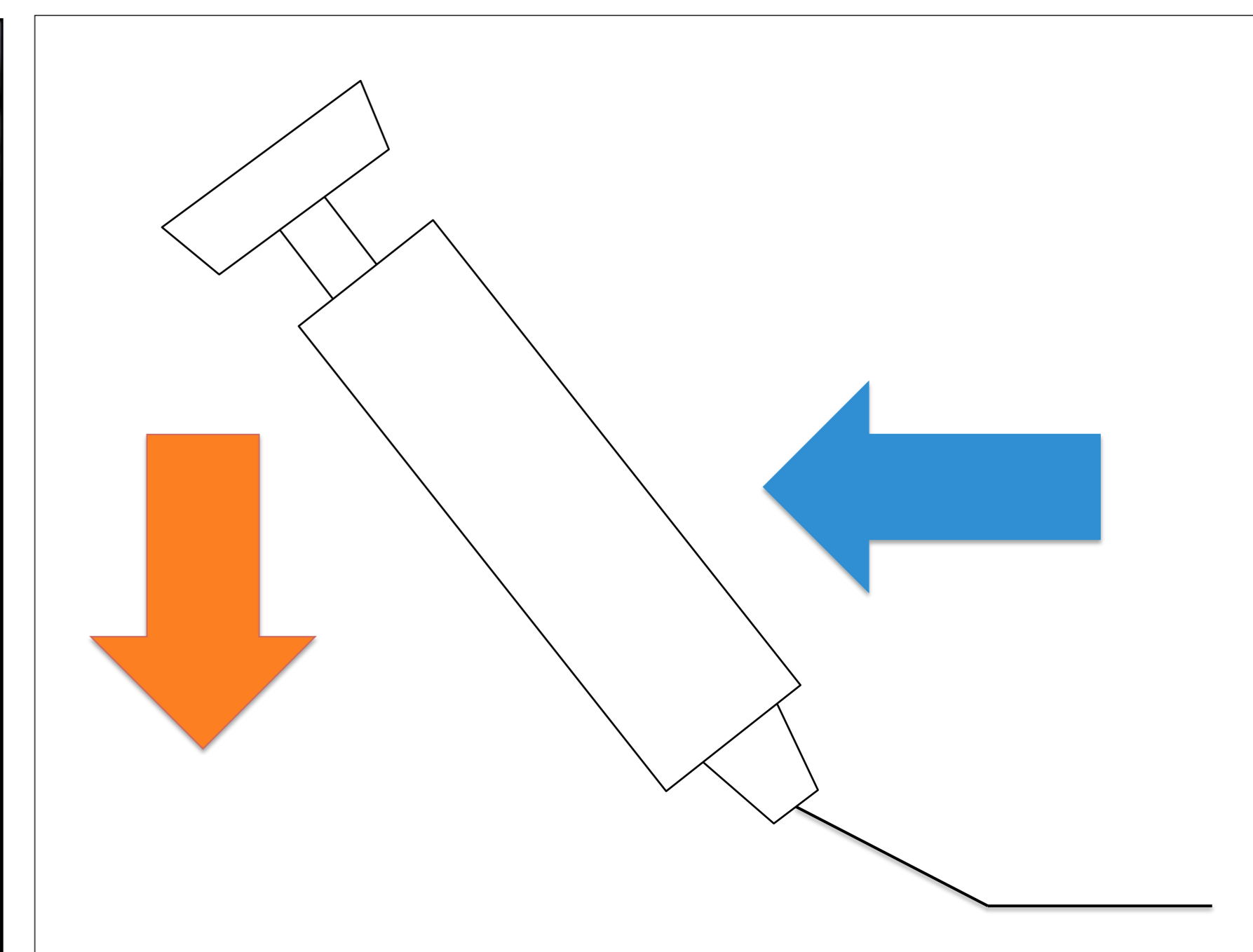
3. The ideal needle configuration. Note that the bevel is in the sagittal plane to act as the cutting edge.



4. Hyperextension of the MCPJs is created with a) a small, rolled up towel under the patient's wrist and b) gentle downward pressure applied to patient's fingers.



5. Position the modified needle (yellow arrow) deep to the A1 pulley under ultrasound guidance in the sagittal plane prior to release by needle withdrawal.



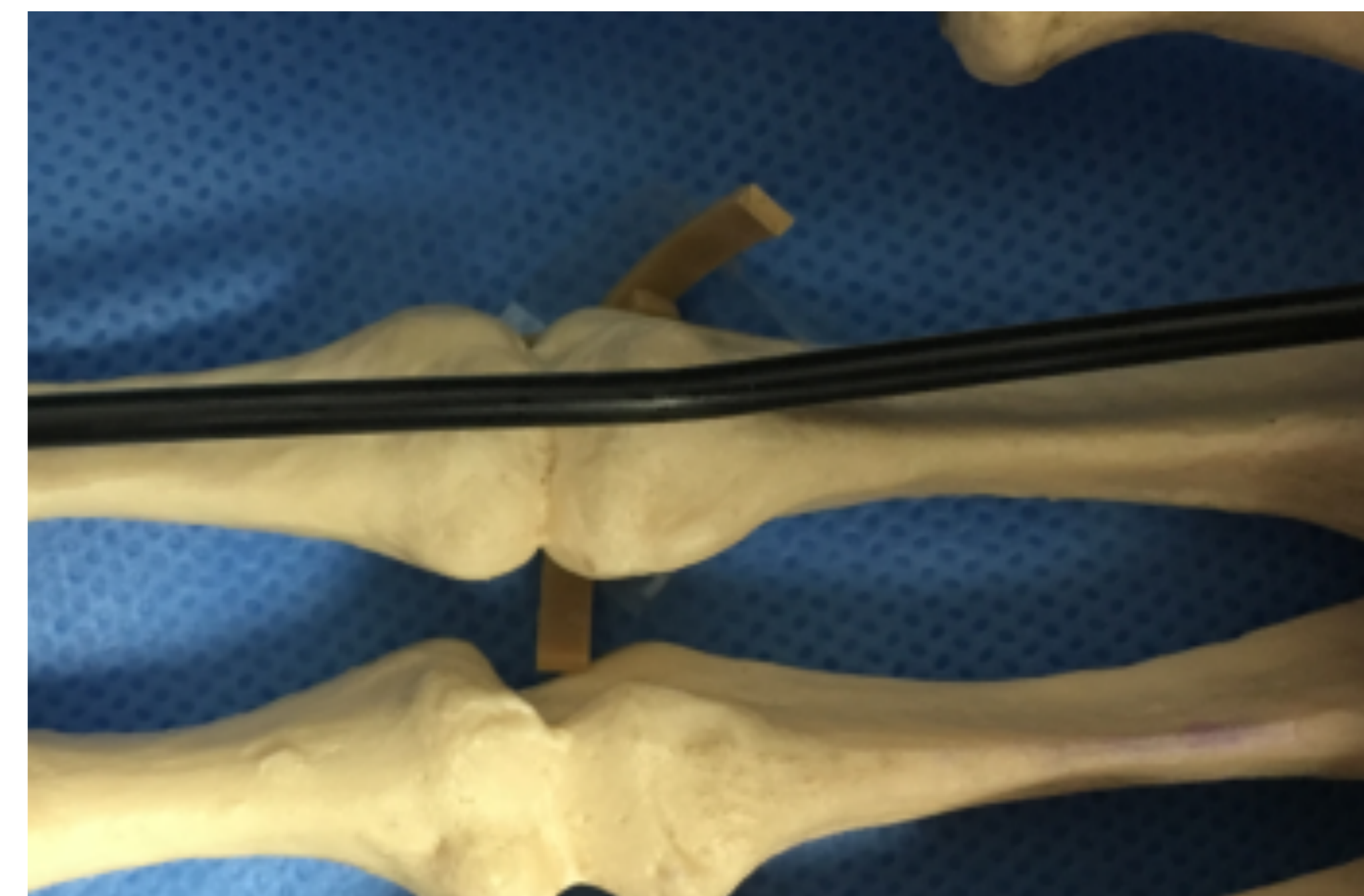
6. Withdraw needle (blue arrow) whilst applying downward force on the syringe (orange arrow), which forces the needle tip in a palmar direction to cut the A1 pulley.



7. Needle positioned deep to the A1 pulley.



8. Needle withdrawn distally with the bevel cutting the pulley.



9. Transected A1 pulley. Steps 7 & 8 can be performed up to 3 times until no further resistance is felt, suggesting that the pulley has been transected.