

27. Trigger Finger- (T1, 12) Policy Change

Trigger finger

If treatment is necessary steroid injection can be considered. Surgery should only be offered in specific cases according to NICE accredited guidelines by the British Society for Surgery to the Hand, where alternative measures have not been successful and persistent or recurrent triggering, or a locked finger occurs.

www.bssh.ac.uk/professionals/best_guidelines_on_trigger_fingers.aspx

Mild cases which cause no loss of function require **no** treatment or avoidance of activities which precipitate triggering and may resolve spontaneously.

Cases interfering with activities or causing pain should first be treated with:

- one or two steroid injections which are typically successful (strong evidence), but the problem may recur, especially in diabetics;
or
- splinting of the affected finger for 3-12 weeks (weak evidence).

Surgery should be considered if:

- the triggering persists or recurs after one of the above measures (particularly steroid injections);
or
- the finger is permanently locked in the palm;
or
- the patient has previously had 2 other trigger digits unsuccessfully treated with appropriate nonoperative methods;
or
- diabetics.
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- **PREVIOUS WORDING/POLICY:**

Conservative methods of treatment should always be pursued in the first instance either by the patient's GP or, where appropriate, the MSK service before referring into secondary care. NHS Sussex will agree to fund surgical intervention for trigger finger where the following criteria have been met:

The patient has failed to respond to conservative management over a period of 6 months including at least two corticosteroid injections except where the corticosteroid injection is contraindicated.

AND of the following

The patient has a fixed flexion deformity that cannot be corrected by conservative measures. **OR**

The patient is suffering from significant functional impairment.

Significant functional impairment is defined by NHS Sussex as:

- Symptoms prevent the patient fulfilling routine work or educational responsibilities OR
- Symptoms prevent the patient carrying out routine domestic or carer activities.

Patients with Trigger Finger AND Inflammatory Arthritis

NHS Sussex will agree to fund surgical intervention for trigger finger where the:

- Patient has been diagnosed with inflammatory arthritis. AND
- There is a joint agreement by the patient's Rheumatoid Arthritis Consultant and Hand Surgeon that their trigger finger is unlikely to be corrected by conservative treatment. This needs to be documented in the patient's medical record through relevant clinic letters.