Derby and Derbyshire
Integrated Care Board

CLINICAL POLICY ADVISORY GROUP (CPAG)

Trigger Finger Release in Adults Policy

Criteria
Black – criteria required to be met prior to referral
Blue – criteria to be met prior to procedure

Statement

Derby and Derbyshire ICB (DDICB), in line with its principles for procedures of limited clinical value has deemed that Surgery for Trigger Finger should not routinely be commissioned unless the criteria listed below are met:

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:	a. one or two steroid injections which are typically successful (strong evidence), but the problem may recur, especially in diabetics. **OR** b. splinting of the affected finger for 3-12 weeks (weak evidence).
Surgery should be considered if	a. the triggering persists or recurs after one of the above measures (particularly steroid injections) **OR** b. the finger is permanently locked in the palm **OR** c. the patient has previously had 2 other trigger digits unsuccessfully treated with appropriate non-operative methods. **OR** d. patient is diabetic

These commissioning intentions will be reviewed periodically. This is to ensure affordability against other services commissioned by the ICB.

1. Background

Trigger finger is a painful condition in which a finger or thumb clicks or locks as it is bent towards the palm.

Trigger digit occurs when the tendons which bend the thumb/finger into the palm intermittently jam in the tight tunnel (flexor sheath) through which they run. It may occur in one or several fingers and causes the finger to “lock” in the palm of the hand. Mild triggering is a nuisance and causes infrequent locking episodes. Other cases cause pain and loss/unreliability of hand function. Mild cases require no treatment and may resolve spontaneously.

2. Recommendation

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:	a. one or two steroid injections which are typically successful (strong evidence), but the problem may recur, especially in diabetics. **OR** b. splinting of the affected finger for 3-12 weeks (weak evidence).
Surgery should be considered if	a. the triggering persists or recurs after one of the above measures (particularly steroid injections) **OR** b. the finger is permanently locked in the palm **OR** c. the patient has previously had 2 other trigger digits unsuccessfully treated with appropriate nonoperative methods. **OR** d. the patient is diabetic

3. Rationale for Recommendation

NHS England EBI Guidance states that Trigger Finger often resolves over time and is often a nuisance rather than a serious problem. If treatment is necessary steroid injections 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, recurrent triggering or a locked finger occurs.

NHS England EBI Guidance states that treatment with steroid injections usually resolves troublesome trigger fingers within 1 week (strong evidence) but sometimes the triggering keeps recurring. Surgery is usually effective and requires a small skin incision in the palm but can be done with a needle through a puncture wound (percutaneous release). Surgery is normally successful (strong evidence), provides better outcomes than a single steroid injection at 1 year and usually provides a permanent cure. Recovery after surgery takes 2-4 weeks. Problems sometimes occur after surgery, but these are rare (<3%).

4. Useful Resources

- NHS Website. Trigger Finger. https://www.nhs.uk/conditions/trigger-finger/
- The British Society for the Surgery of the Hand https://www.bssh.ac.uk/_userfiles/pages/files/Patients/Conditions/Elective/trigger_digit_leaflet_2016.pdf

5. References

- NHSE Evidence-Based Intervention: Guidance for ICBs https://www.england.nhs.uk/wp-content/uploads/2018/11/ebi-statutory-guidance-v2.pdf
- The British Society for the Surgery of the Hand https://www.bssh.ac.uk/patients/conditions/18/trigger_fingerthumb
- Leow MQ, Zheng Q, Shi L, Tay SC, Chan ESY. Non-steroidal anti-inflammatory drugs (NSAIDs) for trigger finger. Cochrane Database of Systematic Reviews 2021, Issue 4. Art. No.: CD012789. DOI: 10.1002/14651858.CD012789.pub2.
- Fiorini HJ, Tamaoki MJ, Lenza M, Gomes dos Santos JB, Faloppa F, Belloti JC. Surgery for trigger finger. Cochrane Database of Systematic Reviews 2018, Issue 2. Art. No.: CD009860. DOI: 10.1002/14651858.CD009860.pub2.
- Chang CJ, Chang SP, Kao LT, Tai TW, Jou IM. A meta-analysis of corticosteroid injection for trigger digits among patients with diabetes. Orthopedics. 2018, 41: e8-e14.
- Hansen RL, Sondergaard M, Lange J. Open Surgery Versus UltrasoundGuided Corticosteroid Injection for Trigger Finger: A Randomized Controlled Trial With 1-Year Follow-up. J Hand Surg Am. 2017;42(5):359-66.
- Lunsford D, Valdes K, Hengy S. Conservative management of trigger finger: A systematic review. J Hand Ther. 2017.
- Everding NG, Bishop GB, Belyea CM, Soong MC. Risk factors for complications of open trigger finger release. Hand (N Y). 2015, 10: 297-300.

6. Appendices

Appendix 1 - Consultation

All relevant providers/stakeholders will be consulted via a named link consultant/specialist. Views expressed should be representative of the provider/stakeholder organisation. CPAG will consider all views to inform a consensus decision, noting that sometimes individual views and opinions will differ.

Consultee	**Date**
Consultant Surgeon (UHDBFT)	November 2021
Clinical Policy Advisory Group (CPAG)	December 2021
Clinical and Lay Commissioning Committee (CLCC)	January 2022
Consultant T&O Surgeon (UHDBFT)	June 2024
Consultant Hand and Wrist Surgeon (UHDBFT)	June 2024
Consultant Upper Limb and Hand Surgeon (UHDBFT)	June 2024
Consultant Hand and Wrist Surgeon (CRHFT)	June 2024
Operations Lead (DCHSFT)	June 2024
Clinical Lead MSK (DCHSFT)	June 2024
Physiotherapist (DCHSFT)	June 2024
Clinical Policy Advisory Group (CPAG)	July 2024

Appendix 2 - Document Update

Document Update	**Date Updated**
Version 3.0 • Policy has been re-worded and reformatted to reflect the DDCCG clinical policies format. This includes the addition of background information, useful resources, references and consultation	November 2021
Version 3.1 • CPAG agreed to extend the review date of this policy by 12 months, in agreement with clinical stakeholders, due to reduced capacity within the Clinical Policies team	July 2024
Version 3.2 • In line with risk profile, CPAG agreed further extension to review date	September 2024