

<p><b>Condition or Treatment</b></p>	<p><b>2019 NHSE Evidence Based Intervention (EBI) for Trigger finger release*</b></p>
<p><b>Summary of intervention</b></p>	<p>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 and unreliability of hand function. Mild cases require no treatment and may resolve spontaneously.</p>
<p><b>Commissioning Threshold</b></p>	<p>Mild cases which cause no loss of function require no treatment or avoidance of activities which precipitate triggering and may resolve spontaneously.</p> <p>Cases interfering with activities or causing pain should first be treated with:</p> <ul style="list-style-type: none"> <li>a) one or two steroid injections which are typically successful (strong evidence), but the problem may recur, especially in diabetics;</li> </ul> <p>Surgery should be considered if:</p> <ul style="list-style-type: none"> <li>a) the triggering persists or recurs after steroid injections;</li> <li><b>or</b></li> <li>b) the finger is permanently locked in the palm;</li> <li><b>or</b></li> <li>c) the patient has previously had 2 other trigger digits unsuccessfully treated with appropriate nonoperative methods;</li> <li><b>or</b></li> <li>d) the patient has diabetes.</li> </ul> <p>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).</p>
<p>Referral guidance</p>	<p>Referrals for exceptional circumstances are to be submitted by way of an Individual Funding Request (IFR) referral form for decision by the IFR panel. The referral form is available through the following link:</p> <ul style="list-style-type: none"> <li>• HRW/SR GP Practices: <a href="https://ifryh.necsu.nhs.uk/">https://ifryh.necsu.nhs.uk/</a></li> <li>• HaRD GP practices: <a href="#">Referral Form</a></li> </ul>

<b>Effective from</b>	1 July 2021
<b>Summary of evidence / Rationale</b>	Treatment with steroid injections usually resolve troublesome trigger fingers within 1 week (strong evidence) but sometimes the triggering keeps recurring. 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%).  This policy is a modified version of the national EBI policy.
<b>Review Date</b>	July 2023
<b>Contact for this policy</b>	Dr Christopher Ives GP/Governing Body Member christopherives@nhs.net

#### References:

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[https://www.bssh.ac.uk/userfiles/pages/files/Patients/Conditions/Elective/trigger\\_digit\\_leaflet\\_2016.pdf](https://www.bssh.ac.uk/userfiles/pages/files/Patients/Conditions/Elective/trigger_digit_leaflet_2016.pdf)
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  6. Fiorini HJ, Tamaoki MJ, Lenza M, Gomes Dos Santos JB, Faloppa F, Belloti JC. Surgery for trigger finger. Cochrane Database Syst Rev. 2018 Feb 20;2:CD009860. doi: 10.1002/14651858.CD009860.pub2. Review.
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  9. Peters-Veluthamaningal C, Winters JC, Groenier KH, Jong BM. Corticosteroid injections effective for trigger finger in adults in general practice: a double-blinded randomised placebo controlled trial. Ann Rheum Dis. 2008 Sep;67(9):1262-6. Epub 2008 Jan 7.
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