Policy Category:
CBA
Who usually applies for funding?
Not Applicable

Trigger finger surgery

Commissioning decision	**The ICB will provide funding for trigger finger surgery for patients who meet the criteria defined within this policy.**

Policy Statement:

Conservative measures should always be the first line of treatment, however, surgery will be commissioned for patients diagnosed with trigger finger in the following circumstances for patients whose trigger finger causes significant loss of function:

- for patients who fail to respond to conservative treatment, including no lasting response following one corticosteroid injection, or two corticosteroid injections if only modest, transient benefit is achieved

OR

- for patients who have a fixed flexion deformity that cannot be corrected conservatively.

Children, up to age 18, with trigger thumb will be routinely funded and are excluded from the criteria above.

Rationale:

Trigger finger is a "snapping" condition of any of the digits of the hand when opened or closed. Trigger finger is medically termed stenosing tenosynovitis. Management should be in accordance with British Society for Surgery of the Hand (BSSH) recommendations.

Plain English Summary:

Trigger finger is a condition that affects the tendons in the hand. When the affected finger or thumb is bent towards the palm, the tendon gets stuck and the finger clicks or locks. It is also known as stenosing tenosynovitis or stenosing tenovaginosis.

Trigger finger can affect one or more fingers. The symptoms can include pain, stiffness, clicking and a small lump in the palm at the base of the affected finger or thumb (known as a nodule).

Trigger finger occurs if there is a problem with the tendon or sheath, such as swelling, which means the tendon can no longer slide easily through the sheath and it can become bunched up to form the nodule. This makes it harder to bend the affected finger or thumb. If the tendon gets caught in the opening of the sheath, the finger can click painfully as it is straightened. The exact reason why these problems develop is not known, but several things may increase the likelihood of trigger finger developing. For example, it is more common in women, people who are over 40 years of age, and people with certain medical conditions.

In some people, trigger finger may get better without treatment. However, there is a chance that the affected finger or thumb could become permanently bent if not treated, which will make performing everyday tasks difficult. If treatment is necessary, several different options are available, including

- Rest and medication – avoiding certain activities and taking non-steroidal anti-inflammatory drugs (NSAIDs) may help relieve pain.

Policy Category:
CBA
Who usually applies for funding?
Not Applicable

- Splinting – this involves strapping the affected finger to a plastic splint to help ease your symptoms.
- Corticosteroid injections – steroids are medicines that may be used to reduce swelling.
- Surgery on the affected sheath – surgery involves releasing the affected sheath to allow the tendon to move freely again. This is a relatively minor procedure is generally used when other treatments have failed.

If your doctor believes that you meet the criteria set out in this policy the ICB will fund your treatment.

Evidence base:

BSSH (2011) BSSH Evidence for Surgical Treatment (BEST): Trigger Finger (Thumb) [Online] Available from: http://www.bssh.ac.uk/professionals/best_guidelines_on_trigger_fingers.aspx

Peters-Veluthamaningal C, van der Windt DAWM, Winters JC, Meyboom- de Jong B. Corticosteroid injection for trigger finger in adults. Cochrane Database of Systematic Reviews 2009, Issue 1. Art. No.: CD005617. DOI: 10.1002/14651858.CD005617.pub2. http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD005617.pub2/full

For further information please contact GLICB.IFR@nhs.net

Date of publication	12th October 2015 minor amendment 7.7.16
Policy review date	June 2025

Policy sign off

Reviewing Body	**Date of review**
Effective Clinical Commissioning Policy Group	3rd August 2015 (virtual)
Integrated Governance and Quality Committee	20th August 2015

Version Control:

Version No	Type of Change	Date	Description of Change
2	Date change Link updated	3.5.18	Policy review date changed to May 2022. Link updated in Evidence base section.
3	Policy type	11.6.20	Policy type changed from CBA/PA to CBA as from 1.7.20
4	Review date	9.6.22	Review date changed to June 2025