

Commissioning Policy

Trigger Finger surgery

Criteria Based Access (CBA)

Date adopted: 13.04.2026

Version: 6

Authorisation and document control

Name of policy:	Trigger finger surgery
Job title of author:	Senior Commissioning Manager – Elective Care
Name of sign off group:	Commissioning Programme Review Group (CPRG)

Equality and Engagement Impact Assessment	
Date Equality and Engagement Impact Assessment was completed:	

Consultation	
Name of group	Date considered
<i>Insert relevant individuals/forums consulted during policy development</i>	

Authorisation	
Name of group	Date approved
Commissioning Policy Review Group	3 rd August 2015 (virtual) - ECCP
System Quality Committee	20 th August 2015

Date of adoption	
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Review date	June 2028
To be reviewed by (job title)	Commissioning Manager – Elective Care

Version control				
Version number	Date	Summary of changes	Author/Editor	Approved by
2	03.05.2018	Policy review date changed to May 2022.		ECCP

		Link updated in Evidence base section.		
3	11.06.2020	Policy type changed from CBA/PA to CBA as from 1.7.20		ECCP
4	09.06.2022	Review date changed to June 2025	Senior Commissioning Programme Manager/ Editor	CPRG
5	01.09.2025	Policy criteria changed from CBA to CBA+PA as from 01.09.2025	Senior Commissioning Programme Manager/ Editor	Executive Medial Director CPRG
6	13.04.2026	Policy criteria changed from CBA+PA to CBA from 13.4.2026	IFR Manager	Senior Commissioning Programme Manager – Elective Care

1.0 Background

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.

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 tenovaginitis.

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.
- **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 that is generally used when other treatments have failed.

2.0 Policy statement

Policy category	Policy details
CBA	<p>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:</p> <ul style="list-style-type: none"> • 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 <p>OR</p> <ul style="list-style-type: none"> • for patients who have a fixed flexion deformity that cannot be corrected conservatively. <p>Children, up to age 18, with trigger thumb will be routinely funded and are excluded from the criteria above.</p>

3.0 Patients who are not eligible for treatment under this policy

Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy.

Individual cases will be reviewed at the ICB's Individual Funding Request Panel upon receipt of a completed application form from the patient's GP, Consultant or Clinician. Applications cannot be considered from patients personally.

4.0 Connected policies

Dupuytren's contracture

Carpal Tunnel Syndrome

5.0 References

BSSH (2011) BSSH Evidence for Surgical Treatment (BEST): Trigger Finger (Thumb) [Online] Available from: [Trigger finger/thumb | The British Society for Surgery of the Hand \(bssh.ac.uk\)](http://www.bssh.ac.uk/trigger-finger/thumb/)

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>