

# Surgical Correction for Trigger Finger in Adults

## Criteria Based Access

Before consideration of referral for management in secondary care, please review advice on the Remedy website (<https://remedy.bnssg.icb.nhs.uk/>) or consider use of advice and guidance services where available.

### Surgical Correction for Trigger Finger in Adults

Surgery for mild cases, which cause no loss of function require no treatment or avoidance of activities which precipitate triggering and may resolve spontaneously, is not commissioned.

Funding Approval for surgical treatment will only be provided by the ICB for patients meeting one of the criteria set out below.

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

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).

## **BRAN**

For any health- related decision, it is important to consider “BRAN” which stands for:

- **B**enefits
- **R**isks
- **A**lternatives
- **D**o **N**othing

### **Benefits**

Although surgery is usually very effective, it should only be considered after other treatments have been tried first and haven't resolved the problem or when your finger is locked in the palm of your hand or if you are diabetic.

### **Risks**

The risks of surgery are small, but include infection, numbness, stiffness and a tender scar in the palm of the hand. These usually cause temporary problems, but very occasionally can be permanent.

### **Alternatives**

Cortisone injections are the recommended first line of treatment for most trigger fingers. However, cortisone injections are less likely to be effective if you are diabetic.

If your trigger finger is causing no problems then no treatment is required and the problem may go away on its own. Avoiding activities which seem to cause the problem may help if that's possible. You might also try wearing a splint on the affected finger, but these can be cumbersome. The recommended treatment is one or two steroid injections which usually resolve the issue. A steroid injection carries a very small risk of an infection which could in rare cases be serious.

### **Do Nothing**

Trigger finger is often no more than a nuisance and doing nothing will not be harmful to your health.

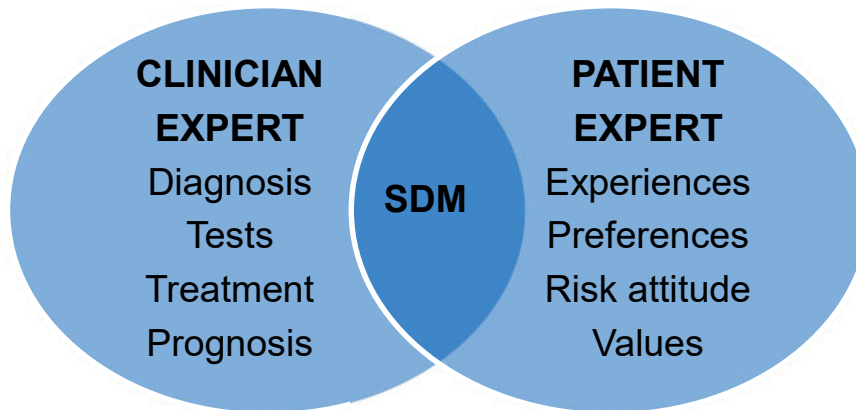
## **Surgical Correction for Trigger Finger in Adults – Plain Language Summary**

Trigger finger 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.

## Shared Decision Making

If a person fulfils the criteria for Surgical Correction for Trigger Finger in Adults it is important to have a partnership approach between the person and the clinician.

Shared Decision Making (SDM) is the meeting of minds of two types of experts:



It puts people at the centre of decisions about their own treatment and care and respects what is unique about them. It means that people receiving care and clinicians delivering care can understand what is important to the other person.

The person and their clinician may find it helpful to use 'Ask 3 Questions':

1. What are my options? (see sections above)
2. What are the pros and cons of each option for **me**?
3. How can I make sure that I have made the right decision?

## This policy has been developed with the aid of the following:

1. National Health Service (2022) Health A to Z: Trigger Finger [online] [www.nhs.uk/conditions](http://www.nhs.uk/conditions)
2. NHS England (2019) NHSE EBI Document [www.ebi.aomrc.org.uk/interventions/](http://www.ebi.aomrc.org.uk/interventions/)
3. National Library of Medicine (2016) Evidence-based management of adult trigger digits [online] (28488453) [www.pubmed.ncbi.nlm.nih.gov](http://www.pubmed.ncbi.nlm.nih.gov)
4. National Library of Medicine (2019) A Meta-analysis of Corticosteroid Injection for Trigger Digits Among Patients with Diabetes [online] (28776635) [www.pubmed.ncbi.nlm.nih.gov](http://www.pubmed.ncbi.nlm.nih.gov)
5. National Library of Medicine (2018) NCBI - Surgery for trigger finger [online] (29460276) [www.pubmed.ncbi.nlm.nih.gov](http://www.pubmed.ncbi.nlm.nih.gov)

6. National Library of Medicine (2008) Corticosteroid injections effective for trigger finger in adults in general practice: a double-blinded randomised placebo controlled trial [online] (18180279) [www.pubmed.ncbi.nlm.nih.gov](http://www.pubmed.ncbi.nlm.nih.gov)
7. National Library of Medicine (2012) *Trigger Digits and Diabetes Mellitus* [online] (3309616) [www.pubmed.ncbi.nlm.nih.gov](http://www.pubmed.ncbi.nlm.nih.gov)
8. National Library of Medicine (2019) Conservative management of trigger finger [online] (29290504) [www.pubmed.ncbi.nlm.nih.gov](http://www.pubmed.ncbi.nlm.nih.gov)
9. National Library of Medicine (2017) Open Surgery Versus Ultrasound-Guided Corticosteroid Injection for Trigger Finger: A Randomized Controlled Trial With 1-Year Follow-up [online] (28341069) [www.pubmed.ncbi.nlm.nih.gov](http://www.pubmed.ncbi.nlm.nih.gov)
10. National Library of Medicine (2017) Acquired triggering of the fingers and thumb in adults [online] (29191846) [www.pubmed.ncbi.nlm.nih.gov](http://www.pubmed.ncbi.nlm.nih.gov)
11. The British Society for Surgery of the Hand (2022) Trigger finger/thumb [online] (29191846) [www.pubmed.ncbi.nlm.nih.gov](http://www.pubmed.ncbi.nlm.nih.gov)
12. Web MD (2020) What is trigger finger [online] [www.webmd.com](http://www.webmd.com)

## Due regard

In carrying out their functions, the Bristol North Somerset and South Gloucestershire Commissioning Policy Review Group (CPRG) are committed to having due regard to the Public Sector Equality Duty (PSED). This applies to all the activities for which the ICBs are responsible, including policy development and review.

## Document Control

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### Governance

Commissioning policies are assessed for their likely level of impact on BNSSG ICB and the population for which it is responsible. This determines the appropriate level of sign off. The below described the approval route for each score category.

<b>Policy Category</b>	<b>Approval By</b>
Level 1	Commissioning Policy Review Group.
Level 2	Chief Medical Officer, or Chief Nursing Officer, or System Executive Group Chair
Level 3	ICB Board

### OPCS Procedure codes

Must have any of (primary only):

### Support

If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Customer Services Team on: **0117 900 2655** or **0800 073 0907** or email them on [BNSSG.customerservice@nhs.net](mailto:BNSSG.customerservice@nhs.net).