

NHS Birmingham CrossCity Clinical Commissioning Group
NHS Birmingham South Central Clinical Commissioning Group
NHS Sandwell and West Birmingham Clinical Commissioning Group
NHS Solihull Clinical Commissioning Group

Policy for Trigger Finger

Category
Restricted

TRIGGER FINGER

Trigger finger is a condition that affects one or more of the hand's tendons, making it difficult to bend the affected finger or thumb. If the tendon becomes swollen and inflamed it can 'catch' in the tunnel it runs through (the tendon sheath). This can make it difficult to move the affected finger or thumb and can result in a clicking sensation.

Trigger finger is also known as stenosing tenosynovitis or stenosing tenovaginitis. It usually affects the thumb, ring finger or little finger. One or more fingers can be affected, and the problem may develop in both hands. It's more common in the right hand, which may be because most people are right-handed.

Symptoms of trigger finger can include pain at the base of the affected finger or thumb when you move it or press on it, and stiffness or clicking when you move the affected finger or thumb, particularly first thing in the morning. If the condition gets worse, your finger may get stuck in a bent position and then suddenly pop straight. Eventually, it may not fully bend or straighten.

A trigger finger does not straighten easily, the cause is not clear. In some people, trigger finger may get better without treatment. However, if it isn't treated, there's a chance the affected finger or thumb could become permanently bent, which will make performing everyday tasks difficult.

If treatment is necessary, several options are available, including:

- Rest and medication – avoiding certain activities and taking non-steroidal anti-inflammatory drugs (NSAIDs) may help relieve pain.
 - Splinting, where the affected finger is strapped to a plastic splint to reduce movement.
 - Corticosteroid injections (steroids are medicines that can reduce swelling).
 - Surgery on the affected sheath – surgery involves releasing the affected sheath to allow the tendon to move freely again. It's usually used when other treatments have failed. It can be up to 100% effective, although you may need to take two to four weeks off work to fully recover.
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Eligibility Criteria

The CCG will fund this treatment if the patient meets the following criteria.

- Patient has moderate trigger finger which has failed to respond to conservative measures and at least 2 steroid injections;
OR
- Patient has fixed deformity that cannot be corrected (*severe–fixed contracture or failed non operative treatment)

This is because management of Trigger Finger should be in accordance with British Society for Surgery of the Hand (BSSH) recommendations:

Mild (“pre-triggering”)

- History of pain or of catching or “click”
- Tender A1 pulley; but fully mobile finger

Treatment recommendation is Analgesia

Moderate:

- Triggering with:
- A - Difficulty actively extending finger
- B - Need for passive finger extension
- Loss of complete active flexion

Treatment option is Steroid injection to flexor sheath

Severe

- Fixed contracture

Treatment option is Trigger Finger Release

This means (**for patients who DO NOT meet the specified criteria**) the CCG will **only** fund the treatment if an Individual Funding Request (IFR) application proves exceptional clinical need and that is supported by the CCG.

Guidance

British Society for Surgery of the Hand - Recommendations for Treatment and BSSH - Evidence for Surgical Treatment (BEST): Trigger Finger (Thumb): Optimal number of steroid injections (2011)

Weblink:

<http://www.bssh.ac.uk/patients/commonhandconditions/triggerdigits>

NHS Choices – Trigger Finger

Weblink:

<http://www.nhs.uk/conditions/Trigger-finger/Pages/Introduction.aspx>
