

## 42. Trigger Finger Commissioning Statement

<b>Treatment</b>	Surgery for trigger finger
<b>Background</b>	<p>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.</p> <p>Conservative management includes</p> <ul style="list-style-type: none"> <li>• rest and NSAID medication for pain relief,</li> <li>• splinting (to reduce movement)</li> <li>• steroid injections</li> </ul>
<b>Commissioning position</b>	<p>NHS Vale of York CCG does not routinely commission surgery for trigger finger but will consider funding (via the <a href="#">referral form</a>) if the following criteria are met</p> <ul style="list-style-type: none"> <li>• Significant symptoms which have failed to respond to conservative measures including at least 2 corticosteroid injections (NB: if a patient refuses steroid injections IFR will need to consider this case on an individual basis)</li> <li>• Fixed deformity that cannot be corrected</li> <li>• Co-existing inflammatory or degenerative disorders of the hand</li> <li>• Co-existing nerve entrapment syndromes or Dupuytren's disease</li> </ul> <p>If patients do not meet the above criteria then any request has to be submitted via the IFR Panel.</p> <p>Patient information leaflets <a href="#">trigger finger</a> and <a href="#">BSSH trigger finger</a></p>
<b>Summary of evidence / rationale</b>	<p>One systematic review (2007) looked at 4 RCTs - two trials were placebo-controlled, one compared corticosteroid alone with percutaneous release with corticosteroid, and the fourth compared intra-sheath corticosteroid with subcutaneous corticosteroid. The conclusion was that corticosteroids were effective in relieving pain in 57% of patients<sup>1</sup>.</p> <p>A Cochrane systematic review (2009) found that the effectiveness of local corticosteroid injections was studied in only two small RCTs of poor methodological quality. Both studies showed better short-term effects of corticosteroid injection combined with lidocaine compared to lidocaine alone on the treatment success outcome<sup>2</sup>. In one study the effects of corticosteroid injections lasted up to four months. No adverse effects were observed.</p> <p>It concluded that corticosteroid injections can be an effective treatment of trigger finger; this and other appropriate non-invasive interventions e.g. splinting should precede consideration of surgery.</p> <p>Key clinical practice recommendations from the British Society for Surgery of the Hand (evidence based management of adult trigger digits, 2016)<sup>3</sup>:</p> <ul style="list-style-type: none"> <li>• In the absence of contraindication and with patient's agreement, the first</li> </ul>

	<p>line of adult trigger digit should be a single steroid and local anaesthetic injection.</p> <ul style="list-style-type: none"> <li>• If the patient prefers percutaneous or open release, referral to secondary care should be made.</li> <li>• A referral to secondary care for surgical treatment (percutaneous or open depending on the available expertise) should be made if symptoms fail to resolve, or if there is recurrence.</li> </ul> <p>Another systematic review found that the frequencies of treatment failure and complications were no different between percutaneous release surgery and open surgery for trigger digit in adults. Patients treated with percutaneous releases were less likely to have treatment failure than patients treated with corticosteroid injections<sup>4</sup>.</p>
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#### References

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2. Corticosteroid injection for trigger finger in adults Cyriac Peters-Veluthamaningal, et al (2009) <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD005617.pub2/abstract;jsessionid=2FB02D97BCDE9812D0647817C6B2CAA2.f04t02>
3. British Society for Surgery of the Hand (2011) BSSH Evidence for Surgical Treatment (BEST): Trigger Finger (Thumb) <http://www.bssh.ac.uk/education/guidelines/trigger.pdf>
4. Percutaneous release, open surgery, or corticosteroid injection, which is the best treatment method for trigger digits? Wang J, et al cited by University of York - Centre for Reviews and Dissemination <https://www.ncbi.nlm.nih.gov/pubmed?term=23208122>