Trigger finger release in adults

NHS Devon

Commissioning policy

Trigger finger often resolves over time and is often a nuisance rather than a serious problem. If treatment is necessary steroid injection can be considered. Surgery should only be offered in specific cases according to National Institute for Health and Care Excellence (NICE) accredited guidelines by the British Society for Surgery to the Hand, where alternative measures have not been successful and persistent or recurrent triggering, or a locked finger occurs.

Mild cases which cause no loss of function require no treatment or avoidance of activities which precipitate triggering and may resolve spontaneously.

Cases interfering with activities or causing pain should first be treated with:

a) one or two steroid injections which are typically successful, but the problem may recur, especially in patients with diabetes;

or

b) splinting of the affected finger for 3-12 weeks.

Surgery should be considered if:

a) the 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) the patient has previously had 2 other trigger digits unsuccessfully treated with appropriate non-operative methods;

or

d) the patient has diabetes.

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).

Rationale for the decision

Trigger digit 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.

NHS England Evidence-Based Interventions guidance notes that treatment with steroid injections usually resolve troublesome trigger fingers within 1 week but sometimes the triggering keeps recurring. Surgery is normally successful, provides better outcomes than a single steroid injection at 1 year and usually provides a permanent cure. Recovery after surgery takes 2-4 weeks. Problems sometimes occur after surgery, but these are rare (<3%).

Guidance notes on exceptionality

Where the circumstances of treatment for an individual patient do not meet the criteria described above exceptional funding can be sought. Individual cases will be reviewed by the appropriate panel of the ICB upon receipt of a completed application from the patient’s GP, consultant or clinician. Applications cannot be considered from patients personally.

Date of publication:	Version:
31.03.2019	Policy position adopted by Northern, Eastern and Western Devon CCG and South Devon and Torbay CCG from NHS England Evidence Based Interventions Guidance for CCGs Policy adopted by NHS Devon CCG on 01.04.2019 Policy adopted by NHS Devon ICB on 01.07.2022