

Thames Valley Priorities Committee Commissioning Policy Statement

Policy No. TVPC23 **Trigger finger**

**Recommendation made by
the Priorities Committee:** **May 2015**

Date of issue: **November 2015**

Trigger finger (also known as stenosing tenosynovitis or stenosing tenovaginitis) 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.

The British Society for Surgery of the Hand (BSSH) classifies Trigger Finger as:

Mild (pre-triggering):

- History of pain and catching or “click”.
- And/or tender A1 pulley (tendon); but fully mobile finger.

Moderate:

- Triggering with difficulty actively extending finger or need for passive finger extension.
- And/or loss of complete active flexion.

Severe: Fixed contracture.

Some mild cases recover over a few weeks without treatment. Non-steroidal anti-inflammatory drugs may be helpful in relieving any pain.

Patients managed in primary care may benefit from advice and conservative treatment that includes:

- rest from activities that aggravate the condition (if that is an option for the patient)
- NSAIDs to reduce pain and inflammation
- wearing a splint for 3-6 weeks
- for appropriate patients, corticosteroid injection (with lidocaine) in the area of tendon sheath thickening. Number of injections 1-3.

Indications for surgical intervention as per BSSG classification are patients with moderate or severe disease

- who fail to respond to conservative treatment, including no response following corticosteroid injections OR
- who have a fixed flexion deformity that cannot be corrected

Surgery for mild trigger finger symptoms is not normally funded.

This policy statement is in alignment with the guidance produced by the [British Society for Surgery of the Hand \(2012\)](#) and [European consensus guideline for Managing Trigger Finger- Results from the European HANDGUIDE Study \(2014\)](#)

NOTES:

- Potentially exceptional circumstances may be considered by a patient's CCG where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g., from NICE.
- Thames Valley clinical policies can be viewed at <http://www.fundingrequests.ccsu.nhs.uk/>