

# SHIP8 Clinical Commissioning Groups Priorities Committee

No. 47

## **Policy Recommendation: Trigger finger surgery**

**Date of issue: February 2019**

The Committee discussed the evidence and recommended:

Trigger finger often resolves over time and is frequently a nuisance rather than a serious problem. 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 one or two steroid injections and there is strong evidence that this is typically successful but the problem may recur, especially in patients with diabetes. There is weak evidence that splinting of the affected finger for 3-12 weeks may also be effective and can be considered

Surgery should only be considered if:

- The triggering persists or recurs after one of the above measures (particularly steroid injections); **or**
- The finger is permanently locked in the palm; **or**
- The patient has previously had 2 other trigger digits unsuccessfully treated with appropriate non-operative methods; **or**
- 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).

**Review date: February 2023**

*Whilst the panel recognised the considered expert advice of NICE and NHS England EBI in their recommendation the panel also had a duty to prioritise spending of a finite resource locally and made a decision which it felt gave the most equitable and effective use of investment*