

## Thames Valley Priorities Committee Commissioning Policy Statement

**Policy No. TVPC23**                      **Trigger finger**

**Recommendation made by  
the Priorities Committee:**        **May 2015/ Updated July 2019<sup>1</sup>**

**Date of issue:**                        **October 2019**

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.

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

Patients may benefit from advice and conservative treatment that includes:

- rest from activities that aggravate the condition (if that is an option for the patient)
- Non-steroidal anti-inflammatory drugs to reduce pain and inflammation if not contraindicated
- wearing a splint for 3-12 weeks
- for appropriate patients, one or two corticosteroid injections in the area of tendon sheath thickening.

Surgical intervention for trigger finger will be funded if a patient meets at least one of the following criteria:

- who fail to respond to conservative treatment, including no response following corticosteroid injections
- where the finger is permanently locked in the palm
- who have previously had 2 other trigger digits unsuccessfully treated with appropriate non-operative methods;
- the patient has diabetes.

Surgery for mild trigger finger symptoms is not normally funded.

This policy statement has been informed by the guidance produced by the [British Society for Surgery of the Hand \(2016\)](#) and [recommendations](#) from the NHS England Evidence-Based Interventions Programme (2019).

---

<sup>1</sup> Conservative treatment advice and criteria for surgery have been updated to reflect new guidance; the classification of the severity of trigger finger by the British Society for Surgery of the Hand has been removed as it is no longer available.

**Primary diagnosis code**

M65.3 Trigger finger

**Procedure code**

T72.3 Release of constriction of sheath of tendon

- 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.cscsu.nhs.uk/>