Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Evidence Based Intervention

Trigger finger release in adults

Document Owner:	Dr Rachel Joyce – Medical Director
Document Author(s):	Clinical Policies Group
Version:	v1.0
Approved By:	Strategic Finance and Commissioning Committee
Date of Approval:	9th January 2025
Date of Review:	January 2028 If the review date has exceeded, the published policy remains valid

Policy:

This is a national Evidence Based Intervention policy formally adopted by Hertfordshire and West Essex Integrated Care Board. Please see https://ebi.aomrc.org.uk/

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.

Recommendation:

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 which are typically successful (strong evidence), but the problem may recur, especially in diabetics;

  OR

- splinting of the affected finger for 3-12 weeks (weak evidence).

Surgery should be considered if:

- 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 nonoperative methods

  OR

- diabetics

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).

Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that

warrant deviation from the rule of this policy. Individual cases will be reviewed as per the ICB policy.

Rationale for Recommendation

Treatment with steroid injections usually resolve troublesome trigger fingers within 1 week (strong evidence) but sometimes the triggering keeps recurring. Surgery is normally successful (strong evidence), 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%).

Patient Information

Information for Patients
Most cases of trigger finger will not require surgery, and this should only be considered if specific criteria are met. This is because medical evidence tells us that in most cases, alternative treatments should be tried first and can be just as effective.

About the condition
Trigger finger occurs when the tendons which bend the thumb or finger into the palm intermittently jam in a tight tunnel known as the flexor sheath. This causes either clicking or catching of the finger during movement, stiffness of the finger or locking of the finger in the palm of the hand.

It is important that you and your doctor make a shared decision about what is best for you if your trigger finger becomes a problem. When deciding what is best, you should consider the benefits, the risks, the alternatives and what will happen if you do nothing.

What are the BENEFITS of the intervention?
Although surgery is usually very effective, it should only be considered after other treatments have been tried first and haven't resolved the problem or when your finger is locked in the palm of your hand or if you are diabetic.

What are the RISKS?
The risks of surgery are small, but include infection, numbness, stiffness and a tender scar in the palm of the hand. These usually cause temporary problems, but very occasionally can be permanent.

What are the ALTERNATIVES?
Cortisone injections are the recommended first line of treatment for most trigger fingers. However, cortisone injections are less likely to be effective if you are diabetic.

If your trigger finger is causing no problems, then no treatment is required and the problem may go away on its own. Avoiding activities which seem to cause the problem may help if that's possible. You might also try wearing a splint on the affected finger, but these can be cumbersome. The recommended treatment is one or two steroid injections which usually resolve the issue. A steroid injection carries a very small risk of an infection which could in rare cases be serious.

What if you do NOTHING?
Trigger finger is often no more than a nuisance and doing nothing will not be harmful to your health.

Further information can be found at https://ebi.aomrc.org.uk/interventions/trigger-finger-release-in-adults/ This weblink was correct as of 06/01/2025.

Coding

```
WHEN LEFT(Primary_Spell_Procedure,4) IN
('T691','T692','T698','T699','T701','T702','T711','T718','T719','T723','T728','T729')
AND ( Primary_Spell_Diagnosis like '%M653%'
OR Primary_Spell_Diagnosis like '%M6584%'
OR Primary_Spell_Diagnosis like '%M6594%')
-- Age Between 19 and 120
AND (ISNULL(APCS.Age_At_Start_of_Spell_SUS,APCS.Der_Age_at_CDS_Activity_Date)
between 19 AND 120)
-- Only Elective Activity
AND APCS.Admission_Method not like ('2%')
THEN 'P_trigger_fing'
```

Exclusions

```
 WHERE 1=1
-- Cancer Diagnosis Exclusion
AND (Any_Spell_Diagnosis not like '%C[0-9][0-9]%'
AND Any_Spell_Diagnosis not like '%D0%'
AND Any_Spell_Diagnosis not like '%D3[789]%'
AND Any_Spell_Diagnosis not like '%D4[012345678]%'
OR Any_Spell_Diagnosis IS NULL)

-- Private Appointment Exclusion
AND apcs.Administrative_Category<>'02'
```

References

1. NHS conditions. Trigger finger.
2. Amirfeyz R, McNinch R, Watts A, Rodrigues J, Davis TRC, Glassey N, Bullock J. Evidence-based management of adult trigger digits. J Hand Surg Eur Vol. 2017 Jun;42(5):473-480. doi: 10.1177/1753193416682917. Epub 2016 Dec 21.
3. British Society for Surgery of the Hand Evidence for Surgical Treatment (BEST). Trigger finger.
4. Chang CJ, Chang SP, Kao LT, Tai TW, Jou IM. A meta-analysis of corticosteroid injection for trigger digits among patients with diabetes. Orthopedics. 2018, 41: e8-e14.
5. Everding NG, Bishop GB, Belyea CM, Soong MC. Risk factors for complications of open trigger finger release. Hand (N Y). 2015, 10: 297-300.
6. Fiorini HJ, Tamaoki MJ, Lenza M, Gomes Dos Santos JB, Faloppa F, Belloti JC. Surgery for trigger finger. Cochrane Database Syst Rev. 2018 Feb 20;2:CD009860. doi: 10.1002/14651858.CD009860.pub2. Review.

7. Hansen RL, Sondergaard M, Lange J. Open Surgery Versus Ultrasound-Guided Corticosteroid Injection for Trigger Finger: A Randomized Controlled Trial With 1-Year Follow-up. J Hand Surg Am. 2017;42(5):359-66.
8. Lunsford D, Valdes K, Hengy S. Conservative management of trigger finger: A systematic review. J Hand Ther. 2017.
9. Peters-Veluthamaningal C, Winters JC, Groenier KH, Jong BM. Corticosteroid injections effective for trigger finger in adults in general practice: a double-blinded randomised placebo controlled trial. Ann Rheum Dis. 2008 Sep;67(9):1262-6. Epub 2008 Jan 7.

Change History:

Version	Date	Reviewer(s)	Revision Description

DOCUMENT CONTROL

This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the website.

Do you really need to print this document?
Please consider the environment before you print this document and where copies should be printed double-sided. Please also consider setting the Page Range in the Print properties, when relevant to do so, to avoid printing the policy in its entirety.