*Extract from the below named document for ICS Implementation purposes;*

[*Microsoft Word - EBI consultation response statutory guidance 11 Jan 2019 FINAL v2.0 CLEAN + cover sheet.docx (aomrc.org.uk)*](https://www.aomrc.org.uk/ebi/wp-content/uploads/2021/05/ebi-statutory-guidance.pdf)

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Trigger finger release in adults

Updated description of the intervention

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 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.

Updated clinical criteria

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| Summary of intervention |
| 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. |
| Number of CCG interventions in 2017/18 |
| 7,789 |
| 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:  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 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). |
| 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%). |
| References |
| https://[www.nhs.uk/conditions/trigger-finger/treatment/](http://www.nhs.uk/conditions/trigger-finger/treatment/)  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.  British Society for Surgery of the Hand Evidence for Surgical Treatment (BEST).<http://www.bssh.ac.uk/_userfiles/pages/files/professionals/BEST%20Guideli> nes/BEST%20trigger%20finger%20PUBLISHED(1).pdf  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.  Everding NG, Bishop GB, Belyea CM, Soong MC. Risk factors for complications of open trigger finger release. Hand (N Y). 2015, 10: 297-300.  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.  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.  Lunsford D, Valdes K, Hengy S. Conservative management of trigger finger: A systematic review. J Hand Ther. 2017.  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. |

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