

# COMMISSIONING POLICY

## Trigger Finger

April 2011

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## SUMMARY

Birmingham & Solihull Commissioning Cluster does not usually fund surgery for trigger finger unless there is a documented failure to respond to conservative measures or a fixed deformity that cannot be corrected.

### 1. Background:

An electronic copy of this Commissioning Policy is available on the Cluster's website at the following address:

<https://www.sbpct.nhs.uk/bham-and-solihull-cluster/individual-funding-requests.aspx>

Stenosing tenosynovitis (trigger finger) in adults is caused by thickening of the A1 pulley. It is most common in middle aged women, is more frequent in diabetics but is usually idiopathic. Patients complain of the finger becoming stuck bent. When the digit is straightened there is a palpable clunk which is painful. Examination reveals a tender thickening over the A1 pulley which is at the level of the distal palmar crease in the fingers and at the base of the thumb.

Conservative treatment includes rest and avoiding precipitating activities. Non-steroidal anti-inflammatory drugs will often settle early cases. Injection of hydrocortisone is safe and can provide lasting relief in more than half of cases that have failed to resolve spontaneously.

Trigger thumb is also very common and often more painful. It also occurs in infants due to a lump in the tendon rather than pulley thickening. In adults trigger thumb seems to respond less well to injections than fingers but it is still worthwhile. In infants surgery is often required if the deformity persists after 1 year.

#### Evidence

Most studies have considered treatments other than surgery, or compared them with surgical intervention.

Up to 29% of cases will resolve spontaneously. It is important to avoid early intervention so that the condition has an opportunity to resolve without surgery.

There is no evidence to suggest that non-steroidal anti-inflammatory drugs alone have any benefit other than temporary relief of pain in the palm.

Combined analysis of four studies shows that corticosteroid injections are effective in 57% of patients.

### 2. Eligibility Criteria:

Trigger finger release surgery is considered a procedure of low clinical value. Surgery for trigger finger will only be funded for patients who have met one of the criteria below:-

- Failure to respond to two injections of steroid into the flexor sheath

- Locked trigger finger
- Insulin dependent diabetic patient with trigger finger

### 3. Implementation:

Emergency care patients and patients with suspected cancer are excluded. No request for treatment in these circumstances is required but the provider will be expected to demonstrate the clinical need as part of the payment verification process. This will be undertaken on the Cluster's behalf by HCS.

The agreed implementation process defined within the acute services contract for your trust should be followed.

### 4. Procedures Covered by the Policy:

ICD-10 Code:  
M6534

Primary Operative Procedure	Primary Operative Procedure Description
T723	Release of constriction of sheath of tendon
T728	Other specified
T729	Unspecified