

TRIGGER FINGER RELEASE – 18 YEARS & OVER

PRIOR APPROVAL REQUIRED

Mild cases of Trigger Finger which cause no loss of function may resolve spontaneously and will require no treatment. Activities that precipitate triggering should be avoided wherever possible.

Conservative measures – Treatment

Patients managed in primary care may benefit from advice and conservative treatment that includes:

- Rest from activities that aggravate the condition
- Wearing a splint for a minimum of 3-6 weeks

Conservative measures should always be the first line of treatment for trigger finger, however, surgery for trigger finger may be funded in patients who have *significant functional impairment affecting lifestyle or occupation and meet one of the following criteria:

- Failure to respond to conservative treatment, to include at least two corticosteroid injections (please provide dates of injections on application form).

OR

- Where the finger is permanently locked in the palm

*Significant functional impairment is defined as:

Symptoms preventing the patient fulfilling activities of daily living or carrying out vital domestic or carer activities.

Steroid injection relieves the pain and triggering in about 70% of cases, but the success rate is lower in people with diabetes. (The British Society for Surgery of the Hand (BSSH))

Primary care must obtain funding before referring patients to secondary care providers and secondary care providers must satisfy themselves that the patient has funding secured prior to seeing the patient. This is to ensure inappropriate out-patient appointments are avoided and patient expectations are properly managed.