

Trigger Finger (Stenosing Tenosynovitis)

Definition

Trigger finger (stenosing tenosynovitis) is an acquired condition in which the sheath for the flexor tendon of a finger or the thumb thickens and narrows. This causes the flexor tendon to not glide freely through it, leading to pain, intermittent snapping (“triggering”) or actual locking (in flexion or extension) of the affected digit (finger).

Policy

Referral for treatment should be through the MSK service/pathway.

It is the responsibility of referring and treating clinicians to ensure compliance with this policy. Referral proforma should be attached to the patient notes to aid the clinical audit process and provide evidence of compliance with the policy. For patients not meeting the policy criteria, clinicians can apply for funding to the Exceptional Cases Panel by completing the exceptional funding section of the [referral proforma](#).

The CCG will **ONLY** fund surgery for trigger finger according to the following criteria:

The patient has **moderate** symptoms as defined below which have not improved following conservative treatment, eg encouragement to regularly move the finger, rest from aggravating activities, splinting, NSAIDs, and at least one corticosteroid injection (unless contraindicated).

OR

The patient has **severe** symptoms as defined below that cannot be corrected with any other method.

Classification for Severity of Trigger Finger¹:

- | | |
|------------------------|--|
| Mild (pre-triggering): | History of pain and catching or “click”.
And/or tender A1 pulley (tendon); but fully mobile finger. |
| Moderate: | Triggering with difficulty actively extending finger or need for passive finger extension.
And/or loss of complete active flexion. |
| Severe: | Fixed contracture. |

Note:

Patients who smoke should be advised to attempt to stop smoking and referred to stop-smoking services – see [stop smoking policy](#)^{2, 3}.

Rational and Evidence

- Spontaneous recovery has been reported in up to 29% of cases⁴.
- Steroid injections are advised before surgery due to ease of use within the outpatient setting and low morbidity rate or complications⁵.
- Initial treatment of trigger finger is conservative. Steroid injections are efficacious and should be attempted before surgical intervention^{6, 7}.
- Trigger finger cure rate has been shown in patients who were treated with corticosteroid injections (57%) and this improved with two injections (86%) whilst remission was achieved in all cases for surgical methods at 6 months⁸.

Estimated number of people affected

The overall lifetime incidence of trigger finger is 2 in 100⁴. It occurs in childhood and adulthood (most frequently in the fifth to sixth decades) and is more common in women⁵. Diabetes, rheumatoid arthritis, thyroid disease, kidney disease and other rarer disorders are risk factors for trigger finger.

References

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Glossary^{9, 10}

- Flexor tendon:** Flexor tendons are strong smooth cords that connect the muscles of the forearm to the bones in the fingers and thumb. There are two to each finger and one for the thumb.
- Stenosing:** An abnormal narrowing or contraction of a duct or canal.

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Reference:	R:\CPF Pols & working Area\Surg Threshold Pols - Draft and Agreed\CCG Policies\ Trigger Finger\Agreed\TRIGGER FINGER NOV 2017 V4