North Tyneside CCG MSK Value Based Clinical Commissioning

Trigger Finger: Primary Care Checklist

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

- rest from activities that aggravate the condition (if that is an option for the patient)
- exercising/massaging the affected finger(s) to relieve pain
- NSAIDs to reduce pain and inflammation
- wearing a splint at night if finger(s) bend and lock during the night and are painful to straighten in the morning
- for appropriate patients, corticosteroid injection in the area of tendon sheath thickening

This guidance relates to both percutaneous release and open surgery. These interventions have the intended outcome of reducing pain, discomfort and disability. Surgical release of trigger finger in any of the following circumstances:

The patient must have any of the following:	*Delete as appropriate*
The patient has co-morbidities associated with an increased risk of trigger finger (e.g. rheumatoid arthritis or diabetes mellitus) and the patient's symptoms have not improved with at least 4 months of conservative treatment (e.g. NSAIDs, splintage, physiotherapy)	**Yes/ No**
The patient's symptoms have not resolved despite at least one steroid injection in the last 4 months	**Yes/ No**
The specialist opinion is that surgery is needed promptly to prevent the development of flexion contractures	**Yes/ No**
If the finger is locked (flexed or extended) then surgery is strongly advisable	**Yes/ No**
Trigger thumb in children under 18 years of age	**Yes/ No**