

TRIGGER FINGER RELEASE – 16 YEARS & OVER

PRIOR APPROVAL REQUIRED

Conservative measures – Treatment

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).
- The use of ice packs to reduce swelling.
- NSAIDs to reduce pain and inflammation.
- Wearing a splint for a minimum of 3-6 weeks. For appropriate patients, corticosteroid injection (with lidocaine) in the area of tendon sheath thickening.

Note: Spontaneous recovery may occur with time.

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

- Failure to respond to conservative treatment, including at least two corticosteroid injections with dates.
- OR**
- Who have a fixed flexion deformity that cannot be corrected.

Steroid Injection is an effective therapy for trigger finger and thumb. Success rates for a single injection of steroid vary between 49-78% (Fleisch 2007, Peters-Veluthamaningal 2008)

A second injection is often (50%) successful if the first has no, or only temporary, effect (Akhtar 2007, Ring 2008)

Reference:	Policy Name	Date of WCAG	Date of QCAG	Review Date	Version
SW-CP024	Trigger Finger Release	20/12/2016	31/01/2017	Jan 2020	3