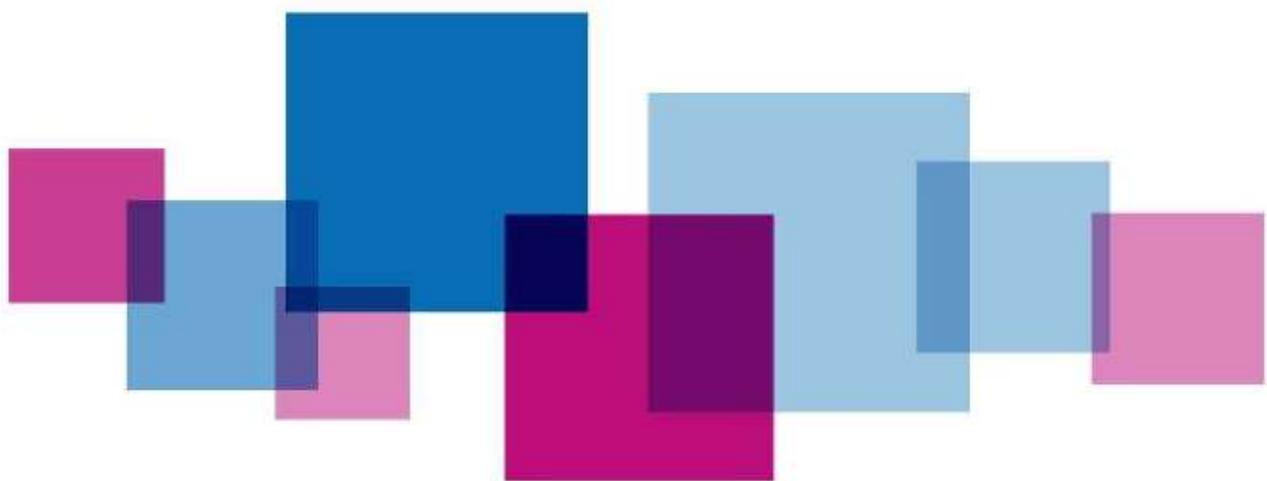


Commissioning Policy

Surgical Correction for Trigger Finger in Adults

Criteria Based Access



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Version Control

Version	Date	Reviewer	Comment
1617.1	27/09/2016	IFR Manager	Policy reviewed and agreed by Board.
1617.1.01	10/11/2017	IFR Co-ordinator	To remove reference to MSK as "intermediate care".
1617.1.02	27/03/2018	IFR Coordinator	Rebranded to BNSSG CCG
1819.2.00	26/10/2018	Commissioning Policy Development Support Officer	Smoking and BMI references updated, BNSSG branding refreshed, PALS update. Approved on 14 th February 2019 by Commissioning Executive.



1920.1.00	29/04/2019	Commissioning Policy Development Support Officer	Statement added in to reflect NHS England Evidence Based Interventions request for due regards.
1920.1.01	03/06/2019	Commissioning Policy Development Manager	Admin Corrections for CPRG and inclusion of OPCS codes
1920.1.02	20/06/2019	Commissioning Policy Development Manager	Post CPRG Admin corrections and addition of Remedy link
2021.01.00	09/12/2020	Commissioning Policy Development Support Officer	MSK services website links updated.

**THIS IS A CRITERIA BASED ACCESS POLICY
TREATMENT MAY BE PROVIDED WHERE PATIENTS MEET THE CRITERIA BELOW**

THIS POLICY RELATES TO ALL PATIENTS

Surgical Correction for Trigger Finger in Adults Policy

General Principles

Treatment should only be given in line with these general principles. Where patients are unable to meet these principles in addition to the specific treatment criteria set out in this policy, funding approval may be sought from the ICB Exceptional Funding Request Panel.

1. Clinicians should assess the patients against the criteria within this policy prior to referring patients seeking treatment. Referring patients to secondary care that do not meet these criteria not only incurs significant costs in out-patient appointments for patients that may not qualify for surgery, but inappropriately raises the patient's expectation of treatment.



2. Patients will only meet the criteria within this policy where there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment. Where the patient has previously been provided with the treatment with limited or diminishing benefit, it is unlikely that they will qualify for further treatment and the EFR team should be approached for advice.
3. On limited occasions, the ICB may approve funding for a further assessment in secondary care only in order to confirm or obtain evidence demonstrating whether a patient meets the criteria for funding. In such cases, patients should be made aware that the assessment does not mean that they will be provided with surgery and surgery will only be provided where it can be demonstrated that the patients meets the criteria to access treatment in this policy.
4. Where funding approval is given by the Exceptional Funding Request Panel, it will be available for a specified period of time, normally one year.
5. Patients with an elevated BMI of 30 or more may experience more post-surgical complications including post-surgical wound infection so should be encouraged to lose weight further prior to seeking surgery.
<https://www.sciencedirect.com/science/article/pii/S1198743X15007193> (Thelwall, 2015).
6. Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing (ASH, 2016)
7. In applying this policy, all clinicians and those involved in making decisions affecting patient care will pay due regard to the need to eliminate unlawful discrimination, harassment, victimisation, etc., and will advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not. In particular, due regard will be paid in relation to the following characteristics protected by the Equality Act 2010: age, disability, sex, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief and sexual orientation.

All primary care trigger finger referrals must be referred for an initial assessment, and where appropriate conservative management, to commissioned musculoskeletal services. Musculoskeletal (MSK) services will assess a patient's suitability for surgery including: reference to this policy, manage patients conservatively when possible and where appropriate refer patients to secondary care for further management of their condition.

All BNSSG Patients – <http://www.sirona-cic.org.uk/nhsservices/adult-services/musculoskeletal-msk-physiotherapy/>

8. For patients who do not qualify for a referral to secondary care or do not wish to be assessed by musculoskeletal services, individual funding approval must be secured by primary care prior to referring patients seeking advice and/or corrective surgery in secondary care. Referring patients to secondary care without funding approval having been secured not only incurs significant costs in out-patient appointments for patients that may not qualify for surgery, but inappropriately raises the patient's expectation of treatment.

Background / Purpose and Scope

Trigger Finger

Trigger finger is a condition that affects one or more of the hand's tendons, making it difficult to bend the affected finger or thumb. If the tendon becomes swollen and inflamed it can 'catch' in the tunnel it runs through (the tendon sheath). This can make it difficult to move the affected finger or thumb and can result in a clicking sensation.

Trigger finger usually affects the thumb, ring finger or little finger. One or more fingers can be affected, and the problem may develop in both hands. It's more common in the right hand, which may be because most people are right-handed.

Symptoms of trigger finger can include pain at the base of the affected finger or thumb when you move it or press on it, and stiffness or clicking when you move the affected finger or thumb, particularly first thing in the morning. If the condition gets worse, your finger may get stuck in a bent position and then suddenly pop straight. Eventually, it may not fully bend or straighten.

Trigger finger and other associated conditions

Sometimes, trigger finger is an associated condition resulting from an underlying illness that causes inflammation of tissues of the hand, such as rheumatoid arthritis. Some patients with rheumatoid arthritis have inflammation around the tendons of the palm of the hand that could develop into trigger finger (WebMD).

Dupuytren's contracture can also increase your risk of developing trigger finger. In Dupuytren's contracture, the connective tissue in the palm of the hand thickens, causing one or more fingers to bend into the palm of the hand. Other long-term conditions, such as diabetes are also sometimes associated with trigger finger. (NHS Choices, 2015)

Treatment

In some people, trigger finger may get better without treatment.

However, if it isn't treated, there's a chance the affected finger or thumb could become permanently bent, which will make performing everyday tasks difficult. If treatment is necessary, several options are available, including:

- **Rest and medication** – avoiding certain activities and taking non-steroidal anti-inflammatory drugs (NSAIDs) may help relieve pain.

- **Splinting**, where the affected finger is strapped to a plastic splint to reduce movement.
- **Corticosteroid injections** (steroids are medicines that can reduce swelling).
- **Surgery on the affected sheath** – surgery involves releasing the affected sheath to allow the tendon to move freely again. It's usually used when other treatments have failed. It can be up to 100% effective, although you may need to take two to four weeks off work to fully recover.

Complications of surgery

Trigger finger release surgery is deemed a safe procedure. However, as with any type of surgery, there are some risks. Complications are rare, but could include:

- infection
- stiffness or pain in the finger
- a tender scar
- nerve damage (if a nerve is damaged during surgery, you may never recover the full sensation in the affected area)
- tendon bowstringing, where the tendon is in the wrong position
- complex regional pain syndrome (CRPS), which causes pain and swelling in your hand after surgery – this usually resolves itself after a few months, but there can be permanent problems

Policy Criteria

Conservative methods of treatment should always be pursued in the first instance either by the patient's GP or, where appropriate, the MSK service before referring into secondary care. The ICB will agree to fund surgical intervention for trigger finger where the following criteria have been met:

1. The patient has failed to respond to conservative management over a period of 6 months including at least one corticosteroid injection except where the corticosteroid injection is contraindicated.

OR

2. The patient has a fixed flexion deformity that cannot be corrected by conservative measures.

Patients with Trigger Finger and Inflammatory Arthritis / Diabetic related conditions

The ICB will agree to fund surgical intervention for trigger finger where the:

1. Patient has been diagnosed with inflammatory arthritis.

AND

2. There is a joint agreement by the patient's Rheumatoid Arthritis Consultant and Hand Surgeon that their trigger finger is unlikely to be corrected by conservative treatment. This needs to be documented in the patient's medical record through relevant clinic letters. (Hand, 2016)

OR

1. The patient has Diabetes

For further guidance please see : <https://remedy.bnssgccg.nhs.uk/>

Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy.

Individual cases will be reviewed at the ICB's Exceptional Funding Panel upon receipt of a completed application form from the patient's GP, Consultant or Clinician. Applications cannot be considered from patients personally.

Due Regard

In carrying out their functions, the Bristol North Somerset and South Gloucestershire Clinical Policy Review Group (CPRG) are committed to having due regard to the Public Sector Equality Duty (PSED). This applies to all the activities for which the ICB is responsible, including policy development and review.

Consideration has been given to this policy and the development process of the above criterion following the recent NHSE Evidence-Based Interventions (EBI) recommendations and local clinicians have confirmed that this criteria supports the recommendations made in regard to the current clinical evidence available.

If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Customer Services Team on: **0117 900 2655** or **0800 073 0907** or email them on BNSSG.customerservice@nhs.net .

Connected Policies

Dupuytren's Correction in Adults: Treatment will not be offered under this policy. Clinician's should refer to the intervention specific policy.

Carpal Tunnel Syndrome Surgery: Treatment will not be offered under this policy. Clinician's should refer to the intervention specific policy.

This policy has been developed with the aid of the following references:

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OPCS Procedure codes



Procedures challenged in this policy:

OPCS Code: S521, X382, T723

Relevant diagnoses for this policy:

ICD10 Code: M653, M680, M659, M658, G560, M710, M713, M714, M725, M722, M703