

Policy for the Surgical Release of Trigger Finger

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Version:	2.1
Purpose	<p>This document is part of a suite of policies that the Integrated Care Board (ICB) uses to drive its commissioning of healthcare. Each policy in that suite is a separate public document in its own right but will be applied with reference to other policies in that suite.</p> <p>This policy is based on the ICB's Statement of Principles for Commissioning of Healthcare (version in force on the date on which this policy is adopted).</p>
Supersedes:	2
Author (inc Job Title):	
Ratified by: (Name of responsible Committee)	LSCICB Board (adopted 1 July 2022)
Cross reference to other Policies/Guidance	
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Document control:		
Date:	Version Number:	Section and Description of Change
November 2017	v1	Pan-Lancashire and South Cumbria ratified policy
December 2017	v1.1	OPCS and ICD codes added to appendices
September 2019	v2.0	Updated policy ratified by Healthier Lancashire and South Cumbria's Joint Committee of Clinical Commissioning Groups (JCICBs)
July 2022	v2.1	Policy adopted by Lancashire and South Cumbria ICB – references to CCG replaced by ICB where relevant

1. Policy

1.1 The ICB will commission the surgical release of trigger finger when one or more of the following criteria are met:

1.1.1 The patient has failed to respond to up to two steroid injections

OR

1.1.2 The patient has failed to respond to splinting of the affected finger for a period between 3-12 weeks

OR

1.1.3 Triggering has recurred after splinting or injection treatment

OR

1.1.4 Patient has fixed deformity that cannot be corrected

OR

1.1.5 The patient has previously had 2 other trigger digits unsuccessfully treated with appropriate non-operative methods

OR

1.1.6 The patient is diabetic.

2. Scope and definitions

2.1 Surgical release of trigger finger is a surgical procedure to treat the symptoms of trigger finger.

2.2 The scope of this policy includes requests for both percutaneous release and open surgery for the management of trigger finger in adults aged 18 years and older.

2.3 The ICB recognises that a patient may have certain features, such as

- having trigger finger
- wishing to have a service provided for trigger finger,
- being advised that they are clinically suitable for surgical release, and
- be distressed by trigger finger, and by the fact that that they may not meet the criteria specified in this commissioning policy.

Such features place the patient within the group to whom this policy applies and do not make them exceptions to it.

2.4 For the purpose of this policy the ICB defines trigger finger as stenosing tenosynovitis of the digital flexor tendon (usually the thumb, ring finger or little finger) which may cause pain, clicking, finger locking and reduced range of movement.

3. Appropriate Healthcare

- 3.1 The ICB considers that the purpose of surgical release of trigger finger is to improve the health of patients by reducing pain, discomfort and disability.
- 3.2 The ICB regards the achievement of this purpose as according with the Principle of Appropriateness. Therefore, this policy does not rely on the principle of appropriateness. Nevertheless, if a patient is considered exceptional in relation to the principles on which the policy does rely, the ICB may consider the principle of appropriateness in the particular circumstances of the patient in question when considering an application to provide funding.

4. Effective Healthcare

- 4.1 This policy relies on the criterion of effectiveness as the ICB recognises that the surgical release of trigger finger is effective in improving medium-term pain and reducing risk of recurrence compared to steroid injection. However, the ICB also recognises that for many patients, trigger finger will resolve spontaneously or following conservative management. The ICB also recognises that major complications of surgical release are rare, but evidence suggest that minor complications including pain and wound complications may occur in 28% of patients.
- 4.2 The ICB therefore considers that, in circumstances other than those described in section 1 of the policy, the potential risks associated with surgery outweigh the potential benefits.

5. Cost Effectiveness

- 5.1 The ICB recognises that the outcome value for money of this treatment is within the NICE threshold and that the service satisfies the criterion of cost effectiveness.
- 5.2 Therefore, the ICB does not call into question the cost-effectiveness of surgical release of trigger finger and this policy does not rely on the Principle of Cost-Effectiveness. Nevertheless, if a patient is considered exceptional in relation to the principles on which the policy does rely, the ICB may consider whether the treatment is likely to be Cost Effective in this patient when considering an application to provide funding.

6. Ethics

- 6.1 The ICB considers that the surgical release of trigger finger meets the criterion for ethical healthcare delivery.
- 6.2 Therefore, the ICB does not call into question the ethics of surgical release of trigger finger and this policy does not rely on the Principle of Ethics. Nevertheless, if a patient is considered exceptional in relation to the principles on which the policy does rely, the ICB may consider whether the treatment is likely to raise ethical concerns in this patient when considering an application to provide funding.

7. Affordability

- 7.1 The ICB does not call into question the affordability of surgical release of trigger finger and therefore this policy does not rely on the Principle of Affordability.

- 7.2 Nevertheless, if a patient is considered exceptional in relation to the principles on which the policy does rely, the ICB may consider whether the treatment is likely to be affordable in this patient when considering an application to provide funding.
- 7.3 If the policy criteria are met the ICB recognises that the type of surgical procedure (percutaneous release or open surgery) will depend on the individual patient factors including the site of the tenosynovitis (e.g. open surgery may be preferable for thumbs and cases involving the proximal interphalangeal joint).

8. Exceptions

- 8.1 The ICB will consider exceptions to this policy in accordance with the Policy for Considering Applications for Exceptionality to Commissioning Policies.
- 8.2 In the event of inconsistency, this policy will take precedence over any non-mandatory NICE guidance in driving decisions of this ICB. A circumstance in which a patient satisfies NICE guidance but does not satisfy the criteria in this policy does not amount to exceptionality.

9. Force

- 9.1 This policy remains in force until it is superseded by a revised policy or by mandatory NICE guidance relating to this intervention, or to alternative treatments for the same condition.
- 9.2 In the event of NICE guidance referenced in this policy being superseded by new NICE guidance, then:
- If the new NICE guidance has mandatory status, then that NICE guidance will supersede this policy with effect from the date on which it becomes mandatory.
 - If the new NICE guidance does not have mandatory status, then the ICB will aspire to review and update this policy accordingly. However, until it adopts a revised policy, this policy will remain in force and any references in it to NICE guidance will remain valid as far as the decisions of this ICB are concerned.

10. References

1. NHS England (2018). Evidence-Based Interventions: Guidance for ICBs <https://www.england.nhs.uk/wp-content/uploads/2018/11/ebi-statutory-guidance-v2.pdf>
2. NHS Choices – Trigger Finger Weblink <http://www.nhs.uk/Conditions/Trigger-finger/Pages/Introduction.aspx>