Surgery for Trigger Finger  
(Stenosing Tenosynovitis)

Surgical release of stenosing tenosynovitis will only be funded where:

- Conservative treatments (including two corticosteroid injections) have failed or are contraindicated;

  AND

- Fixed flexion deformity that cannot be corrected easily is present;

  AND

- The symptoms have a significant impact on activities of daily living.

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<thead>
<tr>
<th>Strength of evidence</th>
<th>Clinical Effectiveness</th>
<th>Cost Effectiveness</th>
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<tbody>
<tr>
<td>Moderate</td>
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Summary of evidence


Corticosteroid injection for trigger finger in adults, Cochrane Database of Systematic Reviews, 2008.


Kerrigan CL, Stanwix MG, Using evidence to minimise the cost of trigger finger care, J Hand Surg Am, 2009
Reason for Requesting a Policy Recommendation:

Reviewed as part of the Effective Use of Resources Project.

Where a patient is considered to have exceptional need for and capacity to benefit from a treatment that is not routinely funded, a request for individual funding may be made to the Individual Funding Requests Panel. The patient must be made aware that the Panel may not support the request and must not be given any expectation that they will be able to have the treatment until a decision to fund has been received in writing from the Panel.

Further information contact:

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