

Patient Name:
Address:
Date of Birth:
NHS Number
Consultant/Service to whom referral will be made:

Please send this form with the referral letter.

7. Trigger Finger - Clinical Threshold Referral Criteria

Trigger finger, also known as stenosing tenosynovitis, is a painful condition that affects the tendons in the hand. When the finger or thumb is bent towards the palm, the tendon gets stuck and the finger clicks or locks. Trigger finger can affect one or more fingers.

The symptoms can include: - Pain/ Stiffness/ Clicking/ and a small lump (nodule) of tissue at the base of the affected finger or thumb

A Cochrane review has found evidence supporting initial treatment using single corticosteroid injections, before considering referral for surgery. The evidence is from RCTs in secondary care. Data was only available for effectiveness up to four months, with longer term efficacy to be confirmed.

As corticosteroid injection is an easy, less invasive, inexpensive treatment modality, therefore NHS England feel that the initial treatment for Trigger Finger patients should be corticosteroid injection rather than surgery.

Other non-invasive interventions eg splinting may also be appropriate first-line interventions.

Hence conservative methods of treatment should always be pursued in the first instance for Trigger Finger.

Criteria for Commissioning- Barnsley CCG will only fund surgery for patients diagnosed with Trigger Finger in the following circumstances:

		Yes	No
Failure to respond to Conservative/ non-invasive treatment method eg	Exercise/massage		
	Rest from aggravating activity		
	Splinting		
	NSAIDS		
AND			
Failure to respond to	At least one corticosteroid injection (Rotherham guideline-max 2 injections with a 10 week interval between injections)		
OR			
Fixed flexion deformity	That cannot be corrected by conservative measures		
OR			
	Where corticosteroid injection is contraindicated		

<u>Consultant use only</u>	<u>GP use only</u>	<u>Commissioner's use only</u>
<p>Please complete the following and file for future compliance audit.</p> <p>Referral criteria is met and the patient will benefit from the proposed treatment: yes / no</p> <p>Signature..... ...</p> <p>Consultant name:..... <small>Please print</small></p> <p>Hospital:.....Date.....</p>	<p>Practice stamp/address</p> <p>Referring clinician:.....</p> <p>Date: </p>	<p>Criteria met as per policy: yes / no</p> <p>Compliance with notes: yes / no</p> <p>Audit date:.....</p> <p>Audited by:..... <small>Please print</small></p> <p>(GP/Cons)</p>