

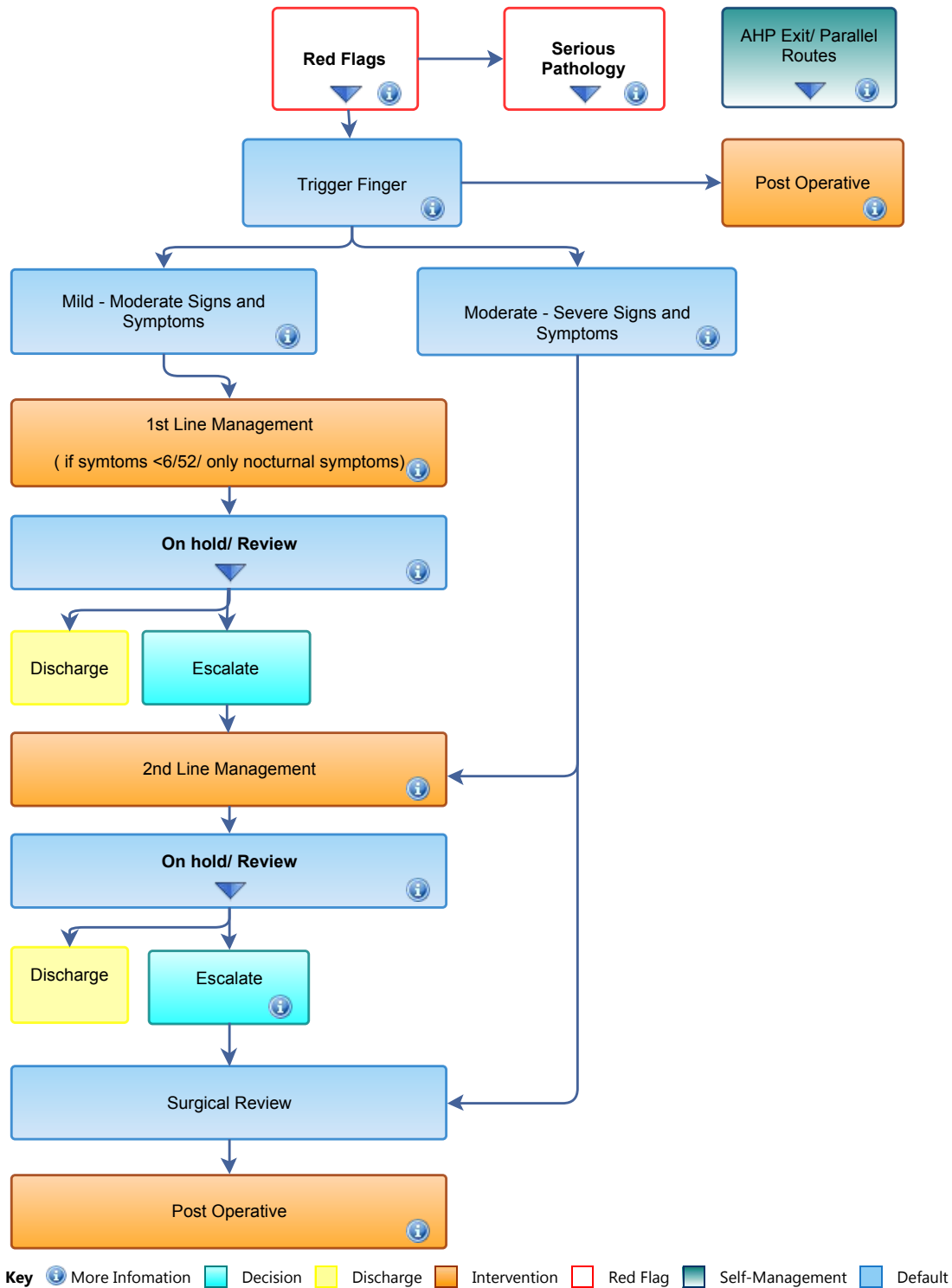


TRIGGER FINGER GUIDANCE

Author Louise Ross (Louise.Ross@ggc.scot.nhs.uk)
Organisation NHS Greater Glasgow and Clyde
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TRIGGER FINGER GUIDANCE



GENERAL RELATED INFORMATION FOR PATHWAY

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SPECIFIC RELATED INFORMATION FOR PATHWAY SECTIONS

RED FLAGS

Pathways

Related pathway: [MSK Foot and Ankle Red Flags NHSGGC](#)

SERIOUS PATHOLOGY

Pathways

Related pathway: [Serious Pathology](#)

AHP EXIT/ PARALLEL ROUTES

Pathways

Related pathway: [exit routes x 6](#)

TRIGGER FINGER

Information

Description

Trigger finger is a disorder characterised by intermittent triggering or locking of the finger or thumb with or without pain, generally occurring in the palm at the level of the metacarpophalangeal (MCP) joint. In most cases it is due to a non-inflammatory thickening of the digit's A1 pulley with secondary entrapment and/or sometimes thickening of the tendon(s)/ inflammatory nodules; however the exact aetiology remains unclear.

Diagnosis

Initially made on the basis of clinical symptoms and physical examination

History; Patients often present complaining of painful triggering of sticking of the finger on flexion or extension, with symptoms usually worse in the morning. It is more common in women than men and most common during the 5th or 6th decade.

Physical Examination

- Palpation along the tendon, in particular at the level of the A1 pulley may reveal tenderness and/or swelling/ palpable nodule.
- Grinding or swelling may be felt on movement of the affected finger and triggering may be reproduced.

Differential diagnosis

- Dupuytren's contracture
- Flexor tendon/sheath tumour (rare and would not trigger)
- Subluxed extensor tendons (severe RA)
- Ganglion

POST OPERATIVE

Information

Appointment arranged with AHP/ nurse led clinic (appointment to be arranged prior to discharge). Local variation exists.

A complication can be hypersensitivity.

Knowledge Network

[Trigger finger, effects of post-operative management](#)

MODERATE - SEVERE SIGNS AND SYMPTOMS

Information

- Regular catching that requires passive correction
- Locked finger
- Trauma

MILD - MODERATE SIGNS AND SYMPTOMS

Information

- Catching or clicking or triggering
- Pain
- Difficult active extension
- Interrupted movement pattern
- Needs passive extension

1ST LINE MANAGEMENT(IF SYMTOMS <6/52/ ONLY NOCTURNAL SYMPTOMS)

Information

Information on the nature of trigger finger and management should be given to the patient. [National Trigger Finger Patient Information Leaflet](#)

Advice on use of night splint to avoid flexion if nocturnal triggering. Splint can be self manufactured for example using ice lolly sticks to keep the fingers as straight as possible.

Treatment with limited evidence

NSAIDs

Guidelines

[Handguide Guidance on the management of Trigger Finger](#)

Patient Information

[National Trigger Finger Patient Information Leaflet](#)

[BSSH Patient Information Leaflet on Trigger Finger](#)

[NHS Inform - Wrist, hand and Finger Problems](#)

ON HOLD/ REVIEW

Pathways

Related pathway: [Reflect Review](#)

DISCHARGE

NO RELATED INFORMATION

ESCALATE

NO RELATED INFORMATION

2ND LINE MANAGEMENT

Information

The patient may be offered a corticosteroid injection, guidelines suggest this can be repeated up 2 times within the recommended time frame.

If the patient declines injection or there is minimal benefit, consider referral for splinting to a hand therapist. At present no off the shelf splint is recommended within GG&C.

Treatment with limited evidence

NSAIDs

Guidelines

[Handguide Guidance on the management of Trigger Finger](#)

Knowledge Network

[Corticosteroid injections in the treatment of trigger finger: a level I and II systematic review \(St](#)

ON HOLD/ REVIEW

Pathways

Related pathway: [Reflect Review](#)

DISCHARGE

NO RELATED INFORMATION

ESCALATE

Information

- No improvement with conservative treatment
- CSI not an option
- Severe Triggering

SURGICAL REVIEW

NO RELATED INFORMATION

POST OPERATIVE

Information

Appointment arranged with AHP/ nurse led clinic prior to discharge. Local variation exists.

A complication can be hypersensitivity.

Knowledge Network

[Trigger finger, effects of post-operative management](#)