

Trigger Finger/Thumb

(see GMEUR policy)

Clinical Presentation

- Painful clicking or triggering especially extending from a flexed position
- Difficulty flexing or extending digit
- Locked digit in flexion often requiring passive extension



Examination

- Demonstrable triggering
- Tender nodule in flexor tendon
- Assess for evidence of synovitis suggestive of RA

NB no investigations required unless underlying condition suspected



Treatment

- Occasionally settles spontaneously especially with acute onset
- Splint
- Corticosteroid injection (70% successful)
- Advise patients with Diabetes and RA reoccurrence rate increases



Shared Decision Making discussion

- continue with injection therapy
OR
- referral to Orthopaedics to consider surgical release if:
 - Patients whose trigger finger has recurred (in the same digit) and in whom steroid injections previously failed should be offered the injection (whether or not splinting was tried first) but, if they are reluctant to try an injection again, then they may be referred for surgery without having been injected for the recurrence.