

Trigger Finger

BEFORE providing patient identifiable data on this form, please confirm that the patient (or in the case of a minor or vulnerable adult with the parent/legal guardian/carer) has given appropriate **EXPLICIT CONSENT** for sensitive and personal information on this form to be passed to the Funding Team/CCG/CSU for processing.

Consent given: Yes

Please ensure a secure NHSmail email account (nhs.net) is used to submit this form.

Patient First name		Patient Surname		Hospital	
NHS No.		Date of Birth		Consultant	
GP F-code		CCG		UBRN	
Hospital No.		Referrer			

Additional information

Please submit completed form to the following email address:

bbccg.mseccg-funding@nhs.net

A decision will be made and the form returned within **3 working days** where all relevant information is provided.

N.B: Please ensure forms are clear and legible. Illegible forms will be returned to sender.

Surgery for trigger finger is commissioned by M&SECCGs on a restricted basis.

Please tick which hand requires procedure
(Please complete separate forms for bilateral requests)

Left Right

Please refer to page 148 of the Mid & South Essex STP Service Restriction Policy for further details.

Patients can only be referred for funding if they meet ONE or more of the criteria below.		Please Tick ✓
Please indicate which of the criteria the patient meets:		
AND	<ul style="list-style-type: none"> Patients who experience interference with activities of daily living or significant pain 	
	<ul style="list-style-type: none"> Who fail to respond to all appropriate conservative treatments for a minimum of 6 months. 	



OR	<ul style="list-style-type: none"> Patients who have had 2 other trigger digits unsuccessfully treated with non-operative methods. 	
	<ul style="list-style-type: none"> The finger is permanently locked in the palm 	

Conservative* treatments include:

- Reassurance – up to 83% have been found to resolve spontaneously after a few months.
- Steroid injections – 50-80% will resolve after a single injection and a second injection should be carried out after 6 weeks if no response to first injection. Patients should not be referred until they have tried two steroid injections unless contra-indicated. An interval of 6 weeks should elapse before surgery is considered.

For audit purposes, the referral letter and hospital records must include evidence that the patient meets the criteria, including the dates of the corticosteroid injections and any other conservative management.

Please supply information clearly evidencing the selected criteria above including impact on activities of daily living and date of injections, where applicable.

CCG USE:	Invoice ref:	Prior Authorisation requested by:	
Is the procedure approved or declined?		Name of Clinician	
<small>Please indicate:</small>			
Name		Contact number	
Signature		Date	
Date			