

Limited evidence for benefits of open surgery for trigger finger

Clinical Question	Compared to steroid injections, how effective is open surgery for trigger finger?
Bottom Line	Low-quality evidence indicated that, compared with steroid injection, open surgical treatment in people with trigger finger, might result in a lower recurrence rate from six up to 12 months following the treatment, although it increased the incidence of pain during the first follow-up week. There was uncertainty about the effect of open surgery with regard to the resolution rate in follow-up at six to 12 months, compared with steroid injections, due to high heterogeneity and few events occurring in the trials; there was uncertainty too about the risk of adverse events and neurovascular injury because of a few events occurring in the studies. The age of participants included in the studies ranged from 16 to 88 years; and the majority of participants were women (approximately 70%). The average duration of symptoms ranged from three to 15 months, and the follow-up after the procedure ranged from eight weeks to 23 months.
Caveat	Hand function or participant satisfaction were not reported.
Context	Trigger finger is a common clinical disorder, characterised by pain and catching as the patient flexes and extends digits because of disproportion between the diameter of flexor tendons and the first annular pulley. The treatment approach may include non-surgical or surgical treatments. Currently there is no consensus about the best surgical treatment approach (open, percutaneous or endoscopic).
Cochrane Systematic Review	Fiorini HJ et al. Surgery for trigger finger. Cochrane Reviews, 2018, Issue 12. Art. No.: CD009860.DOI: 10.1002/14651858.CD009860.pub2. This review contains 14 studies involving 1,260 participants, with 1,361 trigger fingers.

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Cochrane systematic review:

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD009860.pub2/full>