

## Report of ISSH Members Practice Survey

### Trigger Finger

We had a total of 110 responses to our survey related to the treatment option practiced by our members for Trigger finger.



**Open release of the A1 pulley** was by far the most commonly practiced first line treatment option for trigger finger. 73 of 110 surgeons (66.4%) would suggest this for a symptomatic trigger finger in their practice [Fig 1]. Irrespective of their residency training, mode of practice and experience, open release remained the favoured treatment option.

110 responses

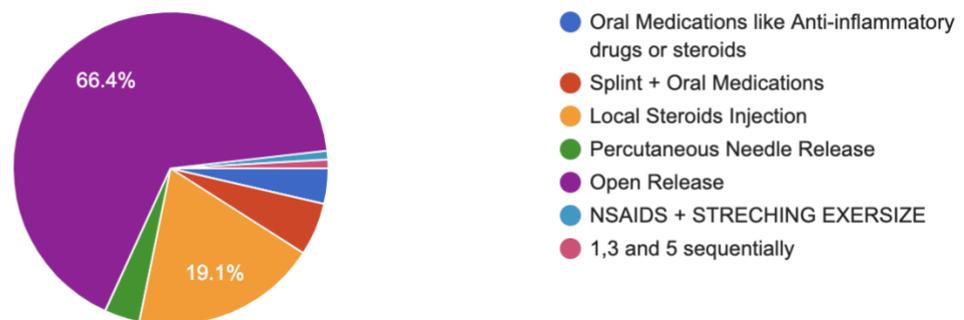


Fig 1

The second commonest treatment offered was **local steroid injection** (21/110- 19.1%). Four surgeons preferred percutaneous needle release while 12 of 110 preferred oral medications or splints as initial treatment option.

The responders were predominantly plastic surgery residency trained (41.8%) [Fig 2] and those with private institutional practice [Fig 3]. However, we had a good mix of the various residency trained surgeons with different practice types [Fig 2 and 3].

### Residency Training

110 responses

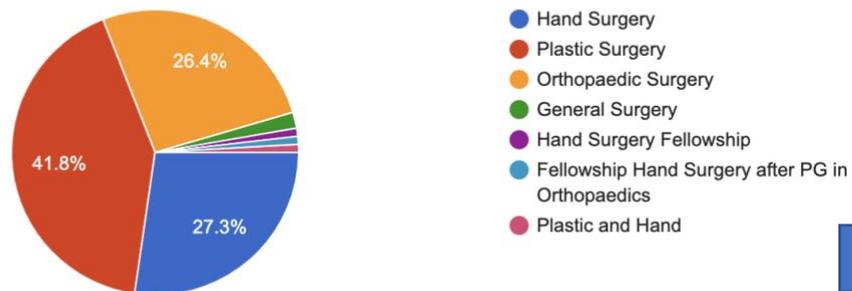


Fig 2

### Practice Type

110 responses

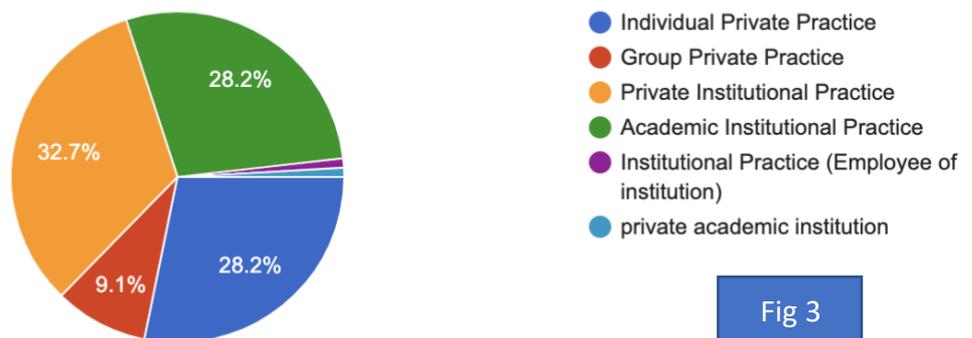
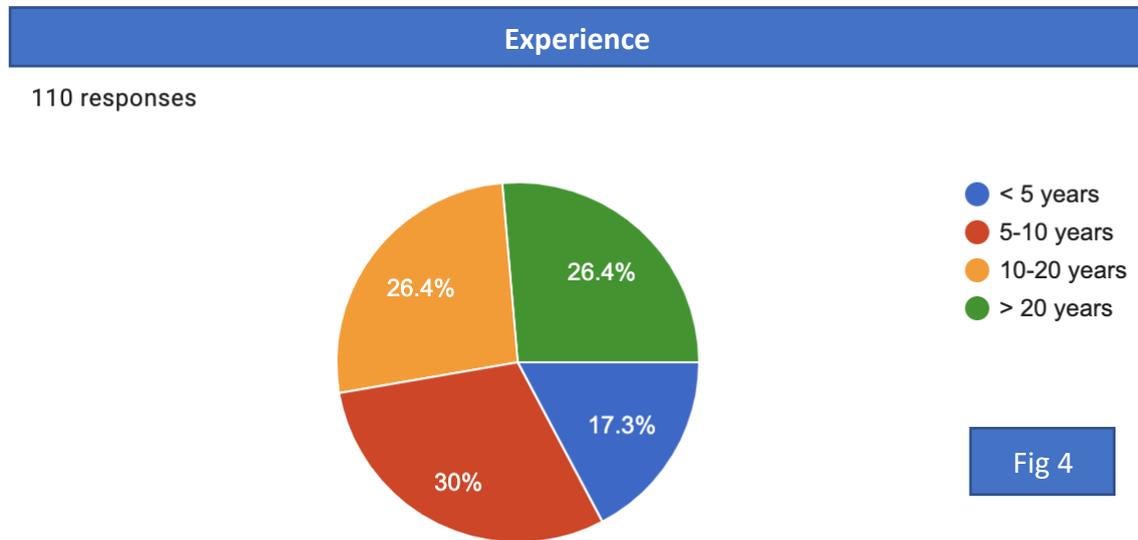
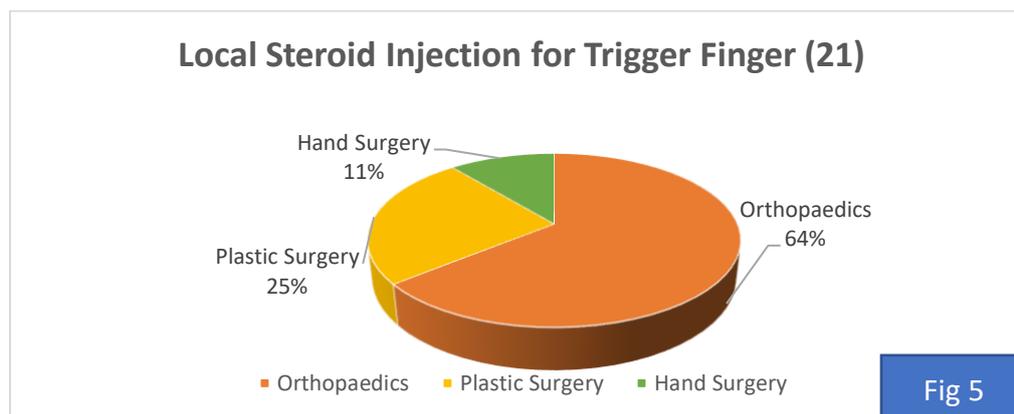


Fig 3

We also had a very even mix of the experience among the responders (Fig 4)



We analysed the data to assess if the type of practice, training or experience had any influence on the treatment option one chose but no significant trend was noted. Open release was preferred by all groups of surgeons. Interestingly, surgeons in 'Individual private practice' more often advice **oral medications and splints** as initial treatment before any intervention. Also notably more Orthopaedic surgeons prefer **local steroid injection** as their first line of treatment for symptomatic trigger finger [Fig 5].



Not surprisingly, **percutaneous needle release** is popular among young surgeons and those in academic institutions.