Trust/GP address

Date

IFR team

South, Central & West CSU

Omega House

112 Southampton Road

Eastleigh SO50 5PB

[**scwcsu.ship.ifrrequests@nhs.net**](mailto:scwcsu.ship.ifrrequests@nhs.net)

Dear team

Prior Approval– Trigger finger surgery

|  |  |
| --- | --- |
| Patient Name/ DoB |  |
| NHS Number |  |
| Referring GP/ practice |  |
| Consultant/ Providing Trust |  |
| Date of clinic |  |

Conservative measures prior to surgery should include one or two steroid injections as there is strong evidence that this is typically successful but the problem may recur, especially in patients with diabetes. There is weak evidence that splinting of the affected finger for 3-12 weeks may also be effective and can be considered.

Prior approval may be considered under **ONE** of the following conditions:

|  |  |
| --- | --- |
| Triggering persists or recurs after one of the above measures (particularly steroid injections); |  |
| Please provide details of the measures tried, when they were tried and what benefit was received (required): | |

**OR**

|  |  |
| --- | --- |
| The finger is permanently locked in the palm |  |

**OR**

|  |  |
| --- | --- |
| The patient has previously had 2 other trigger digits unsuccessfully treated with appropriate non-operative methods |  |
| Please provide details (required): | |

**OR**

|  |  |
| --- | --- |
| The patient has diabetes |  |

**To the best of my knowledge I have given the most accurate and up to date information regarding this patient’s clinical condition.  I have ensured that I have obtained consent from my patient or their legal representative /guardian to share their information with SCW CSU for the purposes of enabling full consideration of this funding request. All applications for Prior Approval are recorded and applicants may be held accountable for the information they submit.**

Yours sincerely

Referring/Treating clinician GMC Number