Are you using the most effective steroid for your trigger finger injections?

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| Challenge | **Trigger finger affects 2-3% of the adult population. Initial treatment is a steroid injection. While there are multiple steroids available, there is no consensus on which is the most effective. Failure of corticosteroids often means a surgical trigger finger release is needed.** |
| Existing Evidence | There are small, conflicting studies that failed to establish a consensus for the ideal steroid for initial treatment of trigger finger. |
| Target Population | Trigger finger mostly affects adults over 40 years of age and, particularly, diabetics |
| Intervention or Exposure | Office-based injection of triamcinolone, betamethasone, dexamethasone, or methylprednisolone (four different common corticosteroids) for initial management of adult trigger finger. We analyzed how many patients failed injection and required subsequent surgery. |
| **Outcomes/Key Findings** | **Choice of steroid may influence the risk of subsequent surgery.** Triamcinolone had the lowest relative odds of subsequent surgery compared to betamethasone, dexamethasone, and methylprednisolone. Our results were limited by the impact of a relatively large amount of missing data, however. |
| **Resulting Action/Change** | **Triamcinolone may be superior to other steroids in the initial management of adult trigger finger** |
| Additional Recommendations | Recent changes to the electronic medical record allow for more accurate tracking of injections including dose and the ability to track individual digits, lessening the impact of missing data. |
| Implementation Tools | Results will be shared using the Hand Surgery listserv and with the Chiefs group |
| Implementation Measurement | Implementation could be evaluated formally with a new study or informally using a survey of those providers and their injection workflows |
| Reference | pending |