



Orthopaedic Department

Dupuytren's Disease (or Contracture)

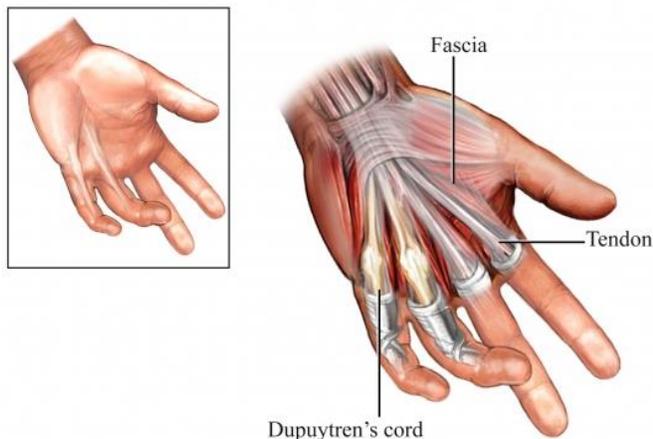
Introduction

Dupuytren's disease is a thickening of the deep layer of tissue which passes from the palm into the finger, called fascia. This thickened tissue can contract over time, pulling the fingers towards the palm. The first sign of the disease is usually a lump or nodule in the palm of the hand, commonly at the base of the little or ring finger.

In some patients a fibrous band or cord may develop, extending from the palm into the finger(s). This cord can pull the finger joint(s) into a bent position. This process tends to progress over time although it does vary in individuals.

The initial nodules may produce discomfort, but Dupuytren's is not usually painful. The disease may first be noticed when you are unable to put the hand flat on an even surface such as a table. Some people report difficulty with washing, wearing gloves or putting the hand into pockets.

There is no way to stop or cure the problem. It is not dangerous. Dupuytren's contracture usually progresses slowly and may not be troublesome for years.



Patient Information

Treatment

In some cases only observation of the cords and nodules may be necessary to ensure that no deterioration occurs. However treatment should be sought before severe contracture (bending of the fingers) occurs. Patients with more advanced contractures may require surgery to improve function. This may involve traditional surgery (e.g. selective fasciectomy, dermofasciectomy, mini-fasciotomy), a manipulation of the finger using a needle (percutaneous needle fasciotomy) or manipulation of the finger following an injection of an enzyme.

Before you come into the hospital for your surgery please make sure that you have removed all jewellery, especially rings on the hand that is to be operated on. Also please remove any nail varnish, gel or false nails

Traditional Surgery

- The aim of surgery is to improve the finger position and function.
- This is usually done as a day case under a general anaesthetic (being put to sleep) or a regional anaesthetic (having the whole arm numbed with anaesthetic injections but you remain awake).
- Surgery is done to remove the thickened tissue in the palm and finger(s).
- Skin grafts are sometimes required to cover any open areas during surgery.
- After surgery your hand will be heavily bandaged for two to three days, or a temporary plaster may be used. This should remain on until the first dressing review.
- You will normally see a hand therapist within a week of surgery when a night splint may be made and daytime exercises started.
- You may need painkillers during this time. Your surgeon will advise you.
- Approximately 14 days following surgery the stitches removed this is usually done in the Hand Therapy unit at the hospital.
- Most patients will have a clinic review at around six weeks after the surgery.

Needle Fasciotomy

- The aim of surgery is to improve the finger position and function.
- This is usually done as a day case procedure under local anaesthesia.
- A hypodermic needle is placed under the skin and stroked repeatedly against the cord that is pulling down the finger. The cord is eventually cut, releasing the finger.
- The tendons that move the finger, along with the nerves and blood vessels are usually below the cord. On rare occasions, they may be injured.
- Your hand will have a light dressing and a bandage to protect the skin wound caused by the needle. However, active motion is permitted and encouraged early on unless you are instructed otherwise.
- Once the small wounds have healed and are dry, the hand can be left uncovered. This may be as fast as one week following the procedure.

Patient Information

- On a few occasions you may be referred to see a hand therapist within a week of surgery when a night splint may be made and daytime exercises started
- You may need painkillers during this time. Your surgeon will advise you.
- Most patients will have a clinic review at around six weeks after the procedure. There is a recognised higher chance of recurrence when compared with traditional surgery. Morbidity (complications) and recovery time is superior. Your surgeon will discuss this with you further.

Enzyme Treatment and Manipulation (Collagenase Clostridium Histolyticum)

- The aim of this procedure is to improve the finger position and function.
- This is usually done as a two-stage process in an outpatient clinic setting.
- Step 1 is injection of the enzyme into the cord that is drawing down the finger and which lies just beneath the skin. Local anaesthesia is not used for this stage. Some surgeons use an anaesthesia cream, but the effectiveness of this is variable.
- Your hand will be bandaged lightly, and you will be observed for up to one hour to ensure you are feeling all right after the procedure.
- You should arrange for someone to drive you home afterwards, and refrain from any heavy activity. Simple painkillers (e.g. paracetamol and / or ibuprofen) may be required, and you should elevate the hand whenever possible. It is not unusual for people to experience some aching in the armpit, or notice the hand becomes swollen and bruised.
- Step 2 is the manipulation once again in clinic. Local anaesthesia is used to numb the finger. Gentle pressure is used to straighten the finger and break the softened Dupuytren's cord. One in three patients may experience a skin tear, which will be dressed immediately in the clinic.
- Once again you should ensure you have made arrangement for returning home, as you should not drive for at least 48hrs. Simple pain killers again may be required and you should elevate the hand whenever possible.
- Moving the fingers is encouraged immediately, and a hand therapist will see you within 5 days to fit a splint to hold the finger stretched overnight. This is worn for up to three months.
- If you have a skin tear you will return to our Friday afternoon hand dressing clinic until it is healed. Healing usually occurs within ten days, and antibiotics are rarely required.
- Most patients will have a clinic review at around six weeks after the procedure. There is a recognised higher chance of recurrence when compared with traditional surgery. Risk of complications and recovery time is less. Your surgeon will discuss this with you further.

Hand Therapy

Splinting and hand therapy are usually required to maintain the improved position of your hand following surgery and to ensure you regain maximum movement and good function. Your therapist can also advise you on management of your wound and later your scar.

Patient Information

How long will I be off work and when can I drive?

This is only a guideline as people recover at different rates:

- Light manual or desk work - two to three weeks
- Heavy or manual - four to six weeks
- You can drive after your stitches are removed and when you can make a full pain free fist.

Complications

There may be tenderness around the scar, this normally subsides by six weeks but may persist for up to 3 months. Massage to the scar can be helpful to relieve these symptoms.

A small number of patients may experience the following:

- Delayed wound healing (uncommon)
- Stiffness (common)
- Altered sensation (uncommon)
- Swelling (common)
- Pain (common but improves quickly)
- Infection (rare)
- Nerve or tendon injury (rare)
- Allergic reaction (rare)
- Failure to correct (rare)
- Armpit pain following enzyme treatment due to swollen glands (common)

As the Dupuytren's tissue lies close to the nerves in the fingers there is a small possibility of damage to these during surgery.

Surgery does not always cure the disease, which may progress gradually and some recur overtime.

In the event of you experiencing any problems please do not hesitate to contact your GP or the Day surgery Unit.

Further information sheets will be available to you when you leave the hospital:

- Post Operative Hand and Arm instructions
- Care following a general anaesthetic

Further Information

If you need further information please contact your Therapy Department:

University Hospital, Coventry and Warwickshire: Tel 024 7696 6016

Rugby, St Cross Hospital: Tel 01788 663257 For further information please visit our hand service web site <http://tinyurl.com/uhcwhand>

Patient Information

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 024 7696 6861 and we will do our best to meet your needs.

The Trust operates a smoke free policy

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