

Patient Information

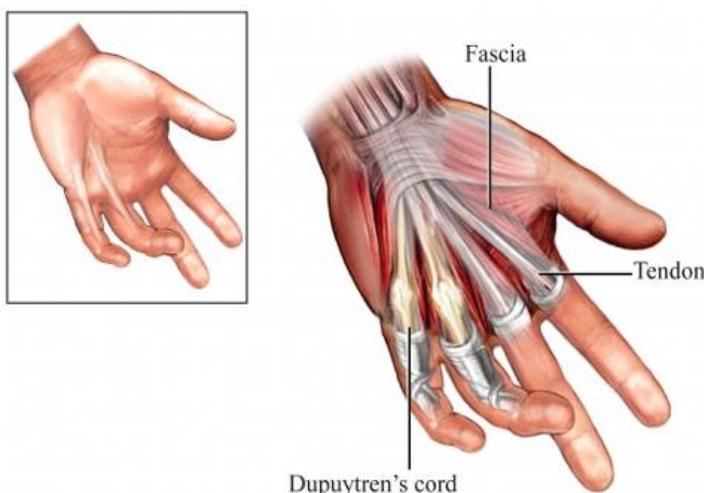


Trauma and Orthopaedics

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. 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.



Treatment

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

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. The dressings should then be reduced but the wound should remain covered and dry until the removal of your stitches.
- 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.
- Around 14 days after the surgery the stitches are 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.

Patient Information

- 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.
- 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)

From the beginning of 2020, Collagenase (Xiapex®) is no longer available in Europe, Asia or Australia. This is a commercial decision made by the American manufacturer to withdraw the product from these markets, and it remains available in the United States. No concerns relating to safety or effectiveness prompted this change. The Dupuytren's Interventions: Surgery vs. Collagenase (DISC) trial is continuing, but we are no longer recruiting new patients. If collagenase therapy becomes available to the NHS in the future, we will be happy to resume offering this treatment.

Hand Therapy

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

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

It is your responsibility to make sure you are safe to drive. You can discuss this further with your treating clinician if you remain unsure. Please consider bringing someone with you, to avoid having to drive home yourself immediately after any procedure. You may wish to consider waiting until you can grip the steering wheel tightly without any distracting pain, before resuming driving.

Returning to work will depend on your type of job: light manual or desk work may be possible at 2-3 weeks, while resumption of heavy manual work may only be possible after 6-8 weeks. Patients usually get back to most of their normal activities far sooner (e.g. within a week) after a needle fasciotomy or enzyme treatment. You should be able to perform most everyday activities with any splints or strapping that may have been provided. Again, please speak to your treating clinician about this, and do not resume sporting activities until you are told that it is safe to do so.

Complications

There may be tenderness around the scar, this normally lessens 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)

Patient Information

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 slowly, and some recur overtime irrespective of the type of treatment chosen.

Further information

The day surgery unit can be contacted on 024 7696 6861 / 024 7696 6868 (University Hospital), or on 01788 663264 (Hospital of St. Cross). For further information please contact:

- Our plaster room technicians at Hospital of St. Cross on 01788 669143
- Our plaster room technicians at University Hospital Coventry on 024 7696 6909
- Our specialist hand surgery nurse / hand-coordinator on 024 7696 5072
- Hand Therapy at University Hospital Coventry & Warwickshire on 024 7696 6016
- Hand Therapy at Hospital of St. Cross, Rugby on 01788 663257

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

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

The Trust has access to interpreting and translation services. If you need this information in another language or format, please contact 02476 966861 and we will do our best to meet your needs.

The Trust operates a smoke free policy.

To give feedback on this leaflet please email feedback@uhcw.nhs.uk

Document History

Department:	Trauma and Orthopaedics
Contact:	26861
Updated:	September 2021
Review:	September 2023
Version:	7
Reference:	HIC/LFT/870/09