The Robert Jones and Agnes Hunt
Orthopaedic Hospital
NHS Foundation Trust

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Information for patients

Dupuytren's Contracture

Hand and Upper Limb

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Dupuytrens Contracture

Dupuytrens contracture is a common condition that usually arises in middle age or later. It is more common in men than women.

Firm nodules appear just beneath the skin of the palm of the hand. They can form cords that prevent your finger from straightening completely. The contracture tends to get worse with time.

It can be associated with small pits in the skin, nodules over the back of the finger knuckles (Garrrods Pads) or lumps on the soles of your feet.

The cause is unknown but often runs in families. It can be associated with diabetes, smoking, high alcohol consumption and epileptic medication.

It is not possible to cure this condition and even after treatment you can get a recurrence in the same finger, in other fingers or the other hand. Surgery is considered when the fingers are very bent or are continuing to bend and day to day activities become difficult.

Types of Surgery

There are three different types of surgery for dupuytrens contracture which aim to straighten the finger. However, depending on your contracture, it may not be possible to completely straighten it.

Fasciotomy

In a Fasciotomy the tight band is divided under local anaesthetic in theatre. This is done with a small cut in your hand by a scalpel or a needle. It is a short, quick procedure and suitable for patients who are not fit for or who don't want the recovery period with major surgery.

This option is the simplest but has the highest rate of reoccurrence of the contracture.

Fasciectomy

In a Fasciectomy the dupuytrens bands are removed through a cut along the palm and finger. The cut is then loosely stitched and you may have a plaster cast to keep the finger straight. You will be reviewed in outpatients department approximately 7–14 days after surgery. At this point the cast

Postoperative difficulties

EMERGENCY CONTACT PROCEDURE

If your wound starts to leak and becomes painful, hot, red or swollen, please contact us:

Monday to Friday 08:00-17:00, Main Outpatients **01691 404361** or contact your Consultant's secretary via Switchboard **01691 404000**

Out of Hours – Hospital Switchboard **01691 404000** and ask to be put through to the Clinical Site Manager or nurse on hospital cover.

Time off work

This will depend on the type of surgery and your surgical team will advise you. Sick notes can be provided by hospital team on the day of surgery or by your GP.

will be discarded but you may be required to wear a splint at night for up to 3 months. This surgery is undertaken as a day case and usually requires general anaesthetic.

This option gets the finger much straighter (but often not completely straight) and has a lower rate of the contracture returning. Hand therapy is usually required afterwards to ensure good recovery of hand movement.

Dermofasciectomy

This type of surgery is used when there is a high chance of the problem returning or the disease is severe. A portion of the overlying skin is removed along with the dupuytrens bands. The skin is replaced with skin graft.
The skin graft can be taken from the wrist, forearm or upper arm. The cut is then loosely stitched and you may have a plaster cast to keep the finger straight. You will be reviewed in outpatients department approximately 7–14 days after surgery. The cast will be discarded but you may be required to wear a plastic splint at night for up to 3 months.

This surgery is undertaken as a day case and usually requires general anaesthetic. Hand therapy is usually required afterwards to ensure good recovery of hand movement.

After Surgery

Fasciotomy

You will be encouraged to move your hand and fingers immediately. A dressing will cover the small wound. It is important to keep your dressings clean and dry. A splint may be necessary at this stage.

You may have a telephone appointment or an outpatient clinic appointment at 6 weeks to assess your progress and be discharged at that time.

Fasciectomy

A large bulky dressing will cover your stitches which must be kept clean and dry. You will be encouraged to move your fingers immediately within the limitations of the dressings.

You will need to have your dressing changed to a smaller dressing after 2–7 days and the stitches will be removed after 10–14 days, usually in the outpatient department. A splint to be worn at night is frequently recommended and is make at your first clinic appointment. A Hand Therapist may see you at this time for exercises.

Dermofasciectomy

A large bulky dressing will cover your stitches and your hand is kept in a plaster of paris (cast) for at least 7 days. It is important to keep your dressings and cast clean and dry.

You will be reviewed in outpatient's department approximately 7–14 days after surgery. At this point the stitches may be removed and the cast will be discarded. Dependent on the skin graft healing you may be able to start exercising the fingers. The skin graft can take a few weeks to heal.
A splint is usually made which you will be required to wear a splint at night for up to 3 months. The skin graft takes about two weeks to heal. Occasionally parts of the graft do not stick and healing may take a few weeks.

Risks of Surgery

Swelling and stiffness

This can be reduced by keeping your hand elevated and mobilizing your fingers and wrist immediately if allowed. Swelling and scar tenderness can carry on for several months. However, this can be helped by massaging the scar with non-perfumed moisturizer. Massaging can improve scar sensitivity and help soften and flatten the scar.

Complex Regional Pain Syndrome (CRPS)

Occasionally patients can be troubled by more pain, swelling, stiffness than expected. This is rare and usually resolves with specialist therapy but can occasionally lead to lasting disability.

Infection

This occurs in less than 1% of operations. Infection to the skin can be treated with antibiotics. Deep seated infection involving the underlying tissue may require further surgery to wash the infection away and antibiotics that are given into a vein. This will mean a further hospital stay.

Nerve damage

This is a rare complication of surgery that can lead to lasting pain or numbness. The nerves supplying feeling to the tip of the finger are often very closely involved in the contracted dupuytrens tissue. They are at risk of getting damaged during your operation. Great care and attention is given to protecting these nerves. However occasionally they are damaged and this means you may have numbness at the side of the finger. Sometimes the numbness is permanent.

Blood vessel damage

If the blood vessels are damaged then the blood supply to the fingers can be affected. Very occasionally some patients with severe contractures may require amputation of the fingers that are affected.

Ongoing symptoms/recurrence

If your fingers are very bent then it may be impossible to get them completely straight. Surgery does not cure the problem and there is a risk that the contracture may return.