

# SHROPSHIRE HOSPITALS

## HAND THERAPY GUIDELINES

### DUPUYTRENS DISEASE: DERMO FASCIECTOMY/FASCIECTOMY/FASCIOTOMY AND COLLAGENASE INJECTION

#### DEFINITION:

- Dermo-Fasciectomy** A procedure to reduce recurrent contracture. Fascia and overlying skin excised. The skin defect is covered by a full thickness skin graft. The disease does not recur beneath a skin graft (Heuston 1984)
- Fasciectomy: Regional:** Only the diseased fascia is removed. Commonly performed in the palm. Less satisfactory in the finger. May require a skin graft.
- Extensive:** Diseased fascia as well as potentially diseased fascia excised. Particular to the fingers. May require a skin graft.
- Fasciotomy:** A minor operation performed under local anaesthetic with an immediate result. Carried out subcutaneously by inserting a small blade through a stab wound and cutting the fascia. Effective in correcting MP contracture but less so in PIP joint contracture.

**Xiapex/Collagenase injection** – a relatively new non surgical treatment for Dupuytren's Disease (*Wat Etal 2012, Gilpin etal 2012*). This enzyme is injected into the cord dissolving, weakening and disrupting it. 48 hours plus later the finger is manipulated.

The therapeutic management depends upon the surgical intervention. If the surgery has involved skin grafting therapy progression with spintage and mobilization tends to be slower. Vascularity of the graft is the priority and needs to be monitored.

#### Aims:

- Reduce oedema
- Maintain finger extension gained in theatre
- Restoration of full expected finger flexion
- Scar management
- Restoration functional grip strength

## **Treatment:**

### **Day 3-14 (or unless other consultant specification)**

- Removal of bulky dressings and POP backslab
- Wound check.
- Mobilize
- Maintain AROM of unaffected upper limb joints
- Oedema control
- Consider night extension splint, in full available extension, to be worn all night for at least 12 weeks.  
May need to be used intermittently during the day if flexion deformities increase

### **2 Weeks Onwards**

- Consider mobilization of skin grafted digits
- Consider scar management
- Consider Capner, Splintage for PIP joint flexion contractures

Patients treated with collagenase injection are usually splinted following the manipulation and mobilized fully.

## **COMPLICATIONS:**

- Flexion contractures especially at the PIP joint
- Boutonniere deformity – may require tri-point splint and exercises taught to stretch lateral bands at DIP joint
- Infection
- CRPS

## **OUTCOME MEASURES**

- MSK – HQ
- Goniometry – ROM, TAM

## **References**

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