

Dupuytren's disease

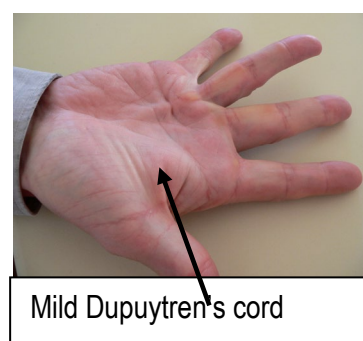
This leaflet explains what Dupuytren's disease is and outlines possible management options, depending on the severity and level of restriction that it causes you.

What is Dupuytren's disease?

Dupuytren's disease is a condition where the layer just beneath the skin in the palm and fingers, known as the 'fascia', thickens causing lumps (nodules). The nodules are sometimes uncomfortable when pressure is applied to them in the early stages, but the discomfort almost always improves over time and does not require treatment.

Dupuytren's disease can sometimes form cords in the fascia, often developing in line with the ring finger, but can affect other fingers too. The cords can pull the digits towards the palm and prevent them from straightening fully (contracture). The web space between the thumb and index finger can also sometimes become narrowed. Contracture of the digits is usually slow, occurring over months and years rather than weeks.

The condition usually occurs in middle age or later and is more often in men than women. The cause is unknown, but it is more common in Northern Europe than elsewhere and it often runs in families. It does not affect the muscle tendons of the hands.



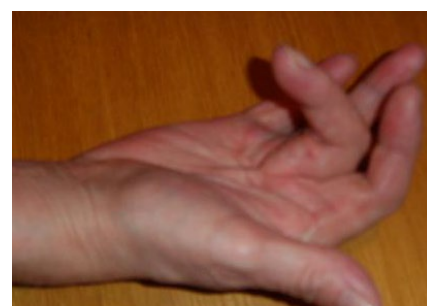
Mild Dupuytren's cord

What treatment is available?

The way the disease progresses varies greatly, occurring at different rates and severities. Whether it affects more than one finger or hand and its restriction upon your day to day activities is an important consideration to take into account when thinking about treatment options.

There is no cure for Dupuytren's disease. Treatment is only required when function is affected. Surgery can usually make bent fingers straighter, although by how much depends on the severity of the contracture pre-operatively.

Surgery is likely to be helpful when it has become impossible to put the hand flat on a table and the fingers are getting in the way of using the hand day to day. The decision to proceed with surgery and which type of surgery is always discussed with a member of our hand team and the surgeon will advise on the most appropriate intervention for an individual and on its timing. The procedure may be carried out under local, regional or general anaesthetic.



More severe Dupuytren's contracture

Types of surgery performed by the Royal Berkshire NHS Foundation Trust

Minimally invasive

1. **Needle fasciotomy:** The contracted cord is cut in the palm, in the finger or in both, using a needle. This procedure is carried out under local anaesthetic with a quick recovery period. However, there is a higher recurrence rate of approximately 33% of people requiring more surgical intervention over 10 years.

Possible complications include: bleeding; infection; nerve / artery / tendon injury; skin tear; failure to straighten and recurrence.

It is not possible to treat all Dupuytren's with needle fasciotomy, some will require more invasive procedures.



More invasive

This is usually for more advanced or complex disease.

2. **Fasciectomy:** Short segments of the cord or the entire cord is removed through a zig-zag incision in the palm of the hand and/or digit.
3. **Dermofasciectomy:** The cord is removed together with the overlying skin and the skin is replaced with a graft taken usually from the forearm. This procedure is usually undertaken for recurrent or extensive disease.

These two procedures result in a lower recurrence rate of approximately 20% of people requiring more intervention across 10 years. However, they require a longer recovery period of approximately 6-12 weeks and rehab with hand therapy. There are more surgical risks.

Possible complications of surgery include:

- a) Bleeding
- b) Infection
- c) Risk of damage to nerve/blood vessels/soft tissue
- d) No guarantee of resolution of symptoms
- e) Thickened / sensitive surgical scar and wound healing problems
- f) Post-operative pain, stiffness and swelling
- g) Disease recurrence
- h) Graft and donor site problems



Post-op care following needle fasciotomy

For needle fasciotomy you can return back to normal function without any specific restriction / recovery period e.g. driving/work. If you have a skin tear, it may take 2-3 weeks to fully heal, but only requires simple dressings.

Post-op care following fasciectomy / dermofasciectomy

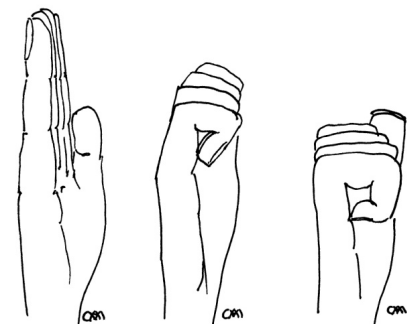
After fasciectomy and dermofasciectomy, you are reviewed by the hand therapists, who carry out wound care and give advice on movement exercises. In addition they usually fabricate a splint to be worn initially day and night, which is then weaned to use at night only, usually for approximately three months, but may be for longer.

Hand therapy is important in recovering movement and function, especially for more extensive surgery and skin grafts.

The recovery is variable with regards to movement regained and time to achieve optimum hand movement and function. The final outcome is dependent on many factors including the extent and behaviour of the disease itself, type of surgery required and your compliance with advice given with regards to wound care, wearing the splint and performing the exercises.

Exercises to be performed following surgery

Shoulder	<ul style="list-style-type: none"> • Lift your hand right above your head as high as you can and lower it down slowly. • Touch your hand to the back of your neck. • Put your hand behind your back as high as you can.
Elbow	Bend your elbow fully and straighten fully.
Forearm	With your elbow tucked into your side and bent to 90°, turn your forearm over so your palm faces up to the ceiling and then down to the floor.
Wrist	Bend your hand and wrist forwards and backwards.
Thumb	Try to touch the tip of your thumb to the tip of each finger.
Fingers	<ul style="list-style-type: none"> • With your fingers out of the splint, gently try to bend and straighten your fingers. • Do not physically force the movement. Your physiotherapist will guide you with how far to take the movement and how long to hold the movement for, but generally we advise that the movement should not cause pain.



When can I return to work / hobbies after surgery?

This depends on the demands of your job. It is likely that you will require approximately six weeks off to recover from the surgery and allow the discomfort to settle. If you have an office job, returning to work after this for light duties should be possible, but you should avoid anything

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that makes your hand feel uncomfortable, such as prolonged typing. Consequently, you may need longer off work depending on the extent of your surgery.

When can I return to driving after surgery?

You should not drive while you are in a thermoplastic splint during the day. After this you can drive when you are able to control your vehicle without distraction. This is entirely your own responsibility and we cannot give you permission to drive.

Things to look out for post-operatively

- **Skin problems:** if your skin is sore or being rubbed by your splint contact the physiotherapy department for adjustments to be made.
- **Wound problems / infection:** any excessive bleeding, oozing of yellow/greenish material, a foul smell or start to feel unwell. If you have any concerns during the first 24 hours of your discharge please phone the ward / unit you were admitted to. Adult Day Surgery Unit's opening hours are from 7.00am to 10.00pm (Mon-Fri). After 24 hours please seek advice from your GP.

What if I have questions?

It is important that you feel you have had all your questions answered. If not, please contact the Orthopaedic Administration Team, who can often answer your questions directly or put you in touch with someone who can.

Contact information

Adult Day Surgery Unit (RBH): 0118 322 7622

Day Surgery Unit (WBCH): 01635 273492/3/4

Redlands Ward: 0118 322 7484 / 7485

Clinical Admin Team (CAT5): 0118 322 7415 CAT5@royalberkshire.nhs.uk Mon-Fri 8.30-4pm

Physiotherapy East Outpatient Department: 0118 322 7811 / 7812

royalberks.physiotherapy@royalberkshire.nhs.uk Mon-Fri 8-4pm

Useful resources

The website of the British Hand Society: www.bssh.ac.uk

The website for the National Institute for Health and Care Excellence (NICE):

<https://cks.nice.org.uk/topics/dupuytren-s-disease/>

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

Orthopaedic Unit / Physiotherapy, July 2022. Next review due: July 2024

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