



University Hospitals Birmingham
NHS Foundation Trust



Dupuytren's Disease

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What is Dupuytren's disease

Dupuytren's disease is a thickening of the connective tissue which lies in the palm of the hand. It initially presents as a lump or pit in the palm and can develop until a rope like band can be seen and palpated in the palm of the hand. As the disease progresses the fingers begin to tighten and pull towards the palm. You may find that you are unable to straighten the fingers fully and that your function is affected. The condition may or may not be painful.

Dupuytren's disease can affect one or more fingers. It can also affect the feet, though, this is less common.

Signs and symptoms

A lump can be seen or felt in the palm of the hand. In some cases this can develop into a cord between the palm and the fingers. You may struggle to place the palm flat on a table and notice that it is becoming increasingly bent.

Diagnosis

Diagnosis is made by clinical examination. Other investigations will not be needed unless there are concerns about a different or additional diagnosis.

What causes Dupuytren's disease?

The cause of Dupuytren's is unknown. There is thought to be a strong genetic predisposition to the condition. It may however be more severe if you are diabetic, a heavy smoker, take epilepsy medication, have developed it when young or suffer from liver disease. If you have been affected in one finger then you are more likely to develop the condition in another finger than someone who has never been affected.

Management

If the symptoms are mild, with no significant pain, finger movement restriction or functional restriction, then no treatment is necessary. Monitor the hand for any signs of worsening and seek reassessment if you notice any significant changes. Some people report that regularly stretching the hand flat onto a firm surface and holding the stretch position for 30 seconds helps to prevent or delay deterioration.

If normal function of the hand is affected, the contracture is severe or pain is a significant issue then surgical options may be considered.

Xiapex injection

A separate booklet is available outlining this procedure.

Surgical options needle fasciotomy

A sterile needle is used to break the collagen bonds that are holding the finger flexed. This surgery is completed under local anaesthetic. The surgery is carried out as a day case may or may not be available.

Dupuytren's release – fasciotomy

The skin of the hand is cut open to allow the surgeon access to the connective tissue. The tight contracted tissue is then removed so that you are able to straighten your fingers. The skin is then stitched up in a zig zag pattern. This surgery requires a general anaesthetic. It is performed as a day case procedure.

Dupuytren's release – fasciotomy with skin grafting

In very severe cases or where other surgery has been unsuccessful or the condition has later returned a skin graft may be required in addition to the above procedure.

Risks of surgery

Like any surgical procedure there are associated risks. This leaflet does not provide a complete list but highlights the more common problems.

- Infection
- Complex Regional Pain Syndrome. This involves severe pain, swelling and stiffness of the hand and requires extensive physiotherapy
- Re-occurrence
- Nerves may be bruised or stretched during the operation resulting in tingling or numbness in the fingers. This may last few weeks but, rarely can be permanent
- Necrosis of the skin. Small parts of the skin over the operation site can die exposing the wound. These almost always heal without complications

The above risks are generally not associated with needle fasciotomy

Post-operative management

Physiotherapy exercises should be provided for you to start as soon as the hand can be mobilized. Ensure you keep the shoulder and elbow mobile even whilst the hand is bandaged. Some people require formal therapy and this will be arranged if needed. Compliance with the rehabilitation programme is vital to prevent reoccurrence of the contracture and to restore hand function. Please follow all instructions carefully in order to optimise your recovery.

Needle fasciotomy

Immediately post surgery the hand will have bandages and a dressing covering the small puncture wounds. The extent of dressing will depend upon the extent of skin breakage during the procedure but is generally very limited. A supportive splint is generally made for you to hold the finger straight overnight for around ten weeks. Please do not drive home after this procedure.

Dupuytren's release – fasciotomy with/without-skin graft

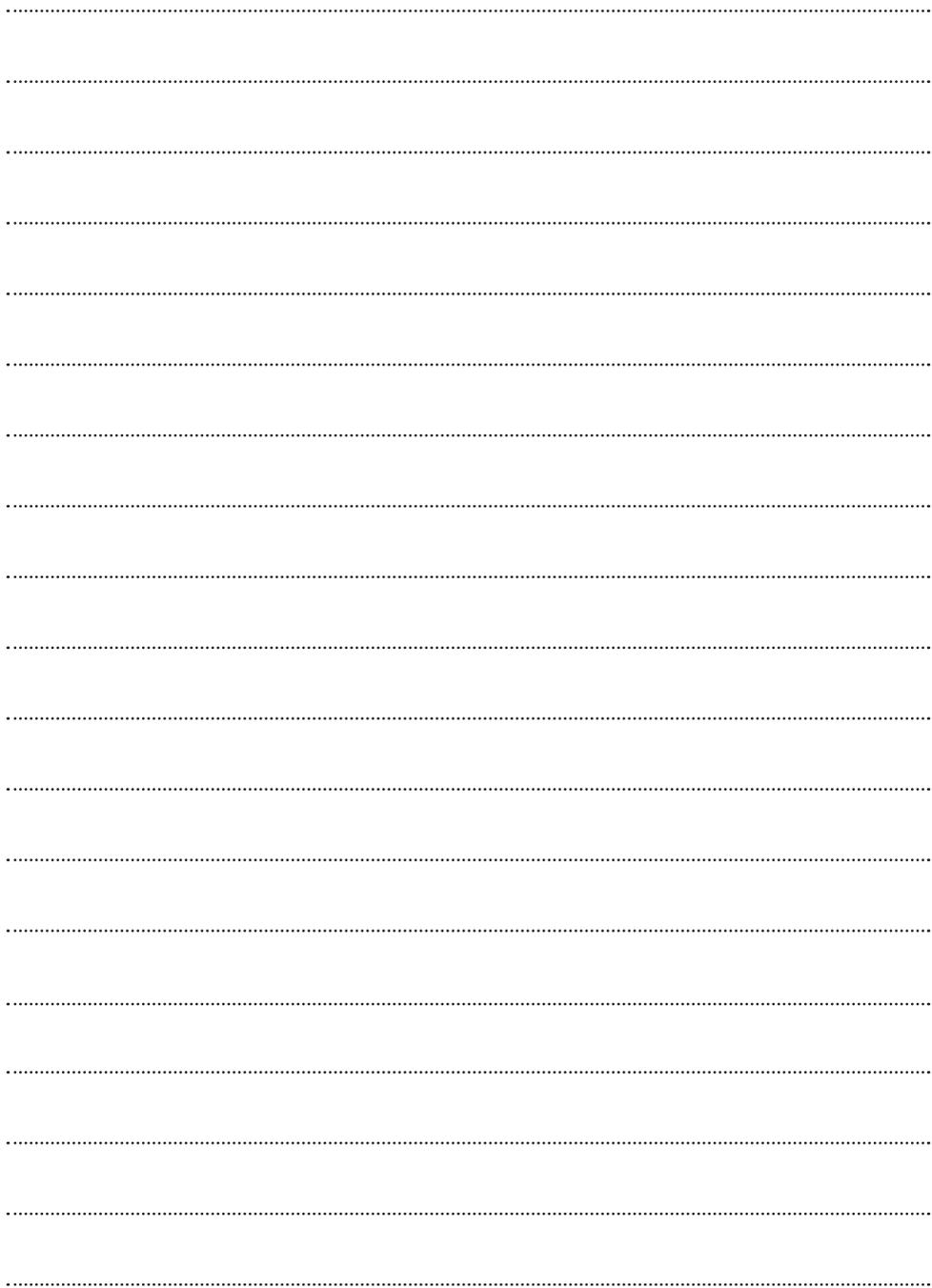
After surgery your hand will be dressed and bandaged and a half cast applied. You will not be able to drive after this procedure and must ensure that someone is at home to help you initially. Keep the arm elevated on a pillow when not exercising for the first two weeks. Some pain after your operation is normal, this should settle over the first few weeks.

At around one to two weeks the wound will be reviewed and the dressings reduced. The wound may need repeated dressings to ensure it heals well - we expect a wound to heal within three weeks. At your first review appointment, a splint will be

provided to maintain the hand in a straight position overnight for three months or more. In some cases you will be advised to wear this during the day for one to two weeks, removing only for exercise.

You will be able to return to driving and light work duties once your stitches are removed, the wound has healed and you are able to use the hand functionally. The team will be able to advise you further on this based on your specific case. People with more active jobs may take longer to return.

Recovery timescales vary dependent upon how mobile the hand was before the surgery, the length of time the problem had been present, the number of affected digits and the surgical technique required. Most people have optimal recovery within three months of surgery.



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The Trust provides free monthly health talks on a variety of medical conditions and treatments. For more information visit www.uhb.nhs.uk/health-talks.htm or call 0121 371 4323.

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