

This needs to be worn overnight for 6 months. The stitches are removed at around 2 weeks. The scar may appear quite lumpy but this can be eased through massaging with moisturising cream. Your therapist will instruct you when and how this should be done.

Once the wound has healed and movement is good you can drive a car - usually about 3 weeks. Returning to work will vary depending on your job - you will need to discuss this with your therapist.

### **Dermofasciectomy**

If the skin is involved with the disease, you may need a skin graft in addition to the Fasciectomy. This procedure is called a **Dermofasciectomy** with the graft usually being taken from your forearm.

Most of the after care is the same. During the first few days the bulky dressing is removed leaving a small 'tie over dressing' over the skin graft. A splint will be made to rest the finger as, unlike with the Fasciectomy, early movement of the operated finger is not really encouraged until the stitches are removed at 2 weeks. Driving and return to work needs to be discussed with your therapist.

### **Risks of Surgery**

**Damage to the nerves** - nerve damage is very rare but can happen. This may result in numbness in the palm or fingers.

**Complex Regional Pain** - this is a syndrome that can occur following any trauma, including hand surgery. The hand can become swollen, sensitive and painful. The reason for this developing is unknown. It can be treated with physiotherapy.

**Infection** - any operation can be followed up with an infection which can be treated with antibiotics.

**Scar tenderness** - the scar, once healed can become tender to touch. This can be helped through regular massage.

**Recurrence** - the operation itself does not cure the condition and it may well recur over time. This is something that we cannot really predict or prevent.

**Not a full correction** - if a finger has been bent for sometime, particularly the middle finger joint, it may not be possible to completely straighten the finger even through surgery.

**Amputation** - this is rare but in a finger that has severe disease, which may have had many operations, it may be necessary to remove the finger.

**For further information contact the  
Hand Therapy Department on  
☎ Tel: (01803) 654935**

Duputren's/Orthopaedics/SDHCNHSFT/09.12/  
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South Devon Health Services

## **PATIENT INFORMATION**

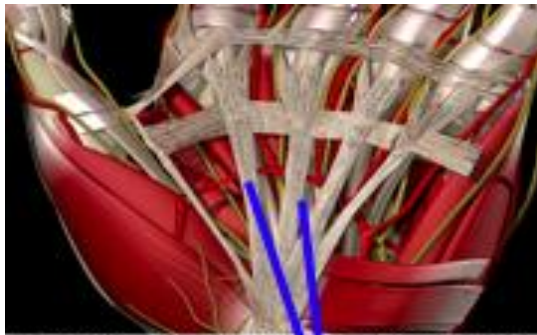


# **Dupuytren's Disease**

## ***Hand Surgery***

## Dupuytren's Contracture

Dupuytren's Contracture, or Dupuytren's Disease is a condition first described by Baron Dupuytren, a French surgeon in 1831. It involves a thickening of the deep tissue (fascia) of the hand which passes from the palm into the fingers.



Fascia

Dupuytren's is a relatively common condition affecting approximately 1 in 6 men over the age of 65 in the UK.

Men are affected more than women and it is usually found in later life, rarely affecting those under 40. It often runs in families and has been linked to Viking ancestry!

Dupuytren's is a benign condition (non-cancerous) and is usually pain-free, but does cause quite an inconvenience as the movements of the fingers are affected.

## Symptoms

As the fascia thickens, it causes hard nodules or bands which over time shorten and tend to pull the finger/fingers into the palm. This can cause difficulties with everyday activities as the bent digit can tend to catch on things or poke you in the eye as you wash your face!



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## Causes

The exact cause of Dupuytren's is unknown - although a family history of the disease will mean you are more at risk. There are also other medical conditions that can increase your chances of developing the condition. These include: cirrhosis of the liver, diabetes, epilepsy and alcohol dependence. There is no evidence to suggest that manual work or using vibrating tools causes Dupuytren's.

## Treatment

The condition is generally progressive and the only effective treatment is surgery.

### Fasciectomy

The most common procedure is called a **Fasciectomy**. The aim of this is to correct the bend in your finger by removing the abnormal fascia and easing the tension on the skin.

The surgery will usually be carried out under a general anaesthetic. The incision is made in a zig-zag pattern down the finger and into the palm, this helps this helps prevent the finger being pulled back down as the wound heals. Sometimes an open palm procedure may be used, this involves a cut across the palm and, after the thickened tissue is removed, the wound is left open to heal naturally.

After the surgery, it is important to keep the hand elevated to ease swelling and prevent stiffness in the hand. The hand will be wrapped in a bulky dressing for a few days. Once this is removed you will be encouraged to move the fingers. An appointment will be arranged with the hand therapist, who will help regain movement whilst maintaining the correction gained from surgery. A splint will be made out of heat-moulded plastic which will keep the finger straight.