

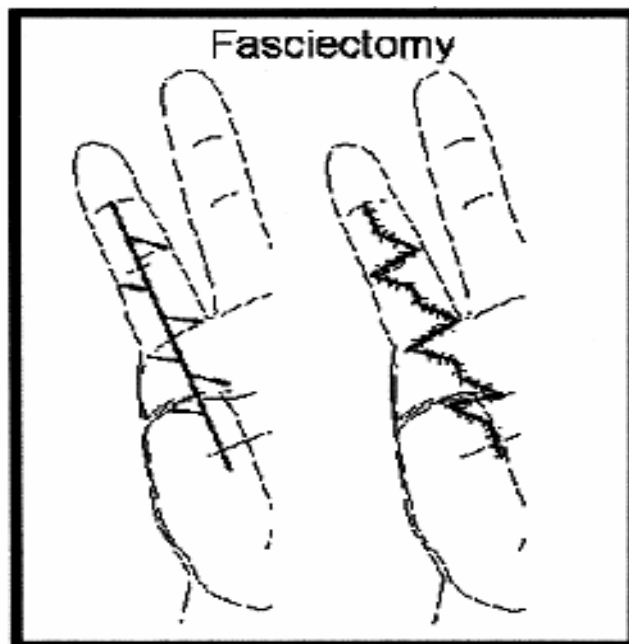
# Dupuytren's Contracture

## Introduction

Dupuytren's contracture is a thickening of deep tissue (fascia) which passes from the palm into the fingers. Shortening of this tissue causes "bands" which pull the fingers into the palm. The cause of this is unknown but it tends to run in families and may indicate that you have Viking ancestry! The condition is progressive and the only treatment is surgery. If untreated, the fingers will be gradually pulled into the palm.

## Surgery

- **Fasciectomy** - Correction is usually done by removal of the fascia. The entire wound is stitched up in a zigzag manner which lengthens it, but occasionally a segment of the wound is not stitched, being left open to heal by itself (open-palm technique).
- **Fasciotomy** - Occasionally the bands are cut through small cuts in the palm. This can be done under local anaesthetic (awake with a numbed hand) but is reserved for elderly who are unfit/unsuitable for more complicated surgery.
- **Amputation** - Very rare in unoperated cases but may be preferred in a finger in which the bands have returned many times and where there has been previous nerve and vessel damage.



## Complications

- **Scar** - You will have a scar on the palm and finger. This will be somewhat firm to touch and tender for 6-8 weeks. This can be helped by massaging the area firmly with moisturising cream.
- **Nerve Damage** - The nerves running to the fingers can be damaged during the surgery and cause numbness in part of the finger. This complication is unusual

in unoperated areas but becomes more common during repeat operations. If this occurs, the nerve would be repaired immediately if possible.

- **Infection** - Can occur after any operation. This would be treated with antibiotics.
- **Bleeding** - Can cause a collection of blood under the stitches which is painful and which can cause problems with the wound. This is usually managed by removing some of the stitches but occasionally it is necessary to return to the operating theatre to stop bleeding. Tell the surgeon if you are on anticoagulants or aspirin.
- **Stiffness** - About 5% (1 in 20) of people are sensitive to hand surgery and their hand may become swollen, painful and stiff after any operation (reflex sympathetic dystrophy). This problem cannot be predicted but will be watched for afterwards and treated with physiotherapy.
- **Correction** - It is often not possible to fully straighten fingers which are very bent at the time of operation, particularly if much of the bend occurs in the middle joint of the finger (PIP Joint). This can sometimes be improved with splinting later after the operation.
- **Skin loss** - Portions of the zigzag scars and skin grafts can fail to “take” after the operation. This is unusual if you do not smoke and follow all the advice given.
- **Finger loss** - This is extremely rare but can occur in fingers which have had many operations before and in patients who have diseases of blood vessels such as diabetes or scleroderma.
- **Recurrence** - Dupuytren’s contracture can return either at site of surgery or elsewhere in the hand. It is very rare under a skin-grafted area.

## **Fasciectomy**

Your Dupuytren’s contracture will be corrected by removal of the abnormal fascia and relaxation of the overlying skin.

The operation is often performed under general anaesthetic. Local anaesthetic is often injected around the cut at the end of the operation. This area and possibly some of the fingers will remain numb for up to ten hours after surgery. As this effect wears off, it may be worth taking some pain killers. You will stay in hospital for one night after your operation.

Hand elevation is important to prevent swelling and stiffness of the fingers. Please remember not to walk with you hand dangling, or to sit with you hand held in your lap.

You will be initially placed in a bulky dressing, consisting of gauze, wool and crepe bandage to rest the hand. The dressing will be removed after 24-72 hours and then be left open at this stage, if possible, to allow mobilisation of the fingers.

At this time, you may see the Occupational Therapist who will fit you with a splint and give you specific exercises to perform. The splint is to be worn at night for twelve weeks to keep the finger straight. During the day, the hand should be exercised and you should perform normal light activities.

At this stage it is safe to get the hand wet in a bath or shower. The wound and the surrounding skin often become very dry and will be more comfortable if a moisturiser is applied, including the wound itself. Look out for any redness or tenderness in the area around the wound which might indicate an infection. Do not apply antiseptic. Please contact my secretary if you have any worries.

Usually the entire wound is stitched up in a zigzag manner but occasionally, a segment of the wound is not stitched, being left open to heal by itself (open-palm technique). This usually requires dressings to be applied to the palm for 2-3 weeks whilst mobilisation is performed in the usual way.

Your stitches will be removed about 2 weeks after the operation. Following this the scar will be somewhat firm to touch and tender. This can be helped by massaging the area firmly with the moisturising cream.

You can usually drive a car after 4 weeks as long as you are comfortable and have regained good finger movements. Timing of your return to work is variable according to your occupation and you should discuss this.