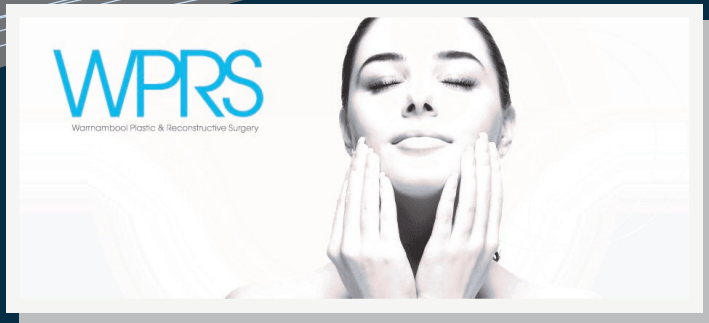


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Warrnambool Plastic & Reconstructive Surgery

Hand Therapy and Osteoarthritis

Your patient has osteoarthritis which affects one or both shoulders/hands/wrists. What can you as a General Practitioner do to help them?

Refer your patient to WPRS Hand Therapy and we can assess their hand and make recommendations for a variety of splint options that may help to distribute the load on their hands more effectively to minimise pain—this is particularly helpful with thumb pain.

Hand therapy can also educate your patient

- * Regarding joint protection techniques to minimise the stress and load on the small joints
- * On a variety of adaptive equipment that can assist them to perform daily activities with less stress on the affected joints—there is very effective equipment available for shoulder arthritis as well as hand arthritis
- * On energy conservation techniques to assist in protecting the painful joints by distributing work load to shorter bursts of activity
- * On the benefits of neutral warmth, fingerless gloves and paraffin baths

As osteoarthritis is a chronic condition the hand therapy would be eligible for inclusion in a Chronic Disease Management Plan.

www.wprs.net.au

Telephone:
(03) 5562 5330

Dupuytren's Disease: When do you need to operate?

Dupuytren's disease is a condition that is a part of a large group of disorders termed dermatofibromatosis. It affects the palmar fascia of the hand causing flexion contractures of fingers as the disease progresses.

The ring finger is most commonly affected, followed by the little finger and thumb. It classically occurs in 3 stages, nodule, fibrous band and then contracture. The rate of progression varies in each person.

The cause of Dupuytren's has extensively been investigated. Genetic inheritance is the single most important factor. Many other factors (alcohol, manual labour, diabetes, anti-epileptics etc.) are thought to contribute but there is no evidence to support this at this stage.

Dupuytren's diathesis is the most severe form of the disease. It is characterised by early onset, radial hand disease, recurrence, strong family history and disease in the feet (Lederhosen disease) or penis (Peyronie's disease). These patients have a bad prognosis and are often crippled by the age of 40.

So who needs an operation? My approach is to offer operations to people who have:

1. Painful nodules or bands.
2. Functional impairment.
3. >10 degree flexion contracture at MCPJ or any contracture at PIPJ.
4. Unable to place hand flat on table.

Are there other options for treatment? Yes. But most are temporising measures. These include:

1. Splinting hand to slow contracture development.
2. Percutaneous fasciectomy: Good in elderly people but recurrence rate high.
3. Collagenase injection. Being trailed overseas. Some good results but tendon rupture rate 4% is too high to use as first line treatment.

WAITING TIME FOR APPOINTMENTS AT WPRS

With the addition of Mr John Masters to our team, patients now no longer have long waiting times to see one of the surgeons. Urgent referrals are generally seen within a week and non urgent usually wait no longer than a month.

Please address your referral to both Mr Toma and Mr Masters to ensure your patient receives the earliest possible appointment available.

Referrals will be triaged by Mr Toma and Mr Masters and then reception staff will contact the patient to make an appointment time.

Please fax referrals to 03 5562 5360