

Dupuytren's disease is a condition where fibrous, scar-like tissue forms beneath the skin on the fingers and palm of the hand. It can cause the fingers to curl up into the palm (known as Dupuytren's contracture).

The cause of Dupuytren's disease is not fully understood, however it is found to be more common in men than women and tends to run in families. Dupuytren's can be associated with diabetes, liver disease and smoking, however for most people there is no particular cause. If contractures develop in one or more fingers an intervention is usually recommended.

Benefits of surgery result in the better use of the hand and increased ability to straighten the fingers. Although an operation is not essential, the disease will not improve without treatment. The condition will often progress over time and can result in one or more fingers being bent into the palm.

Alternative options to Dupuytren's Fasciectomy

Needle aponeurotomy involves cutting the fibrous bands in the hand using a needle and local anaesthetic, the benefit being avoidance of a larger incision in the skin. This procedure results in a much higher risk of nerve damage and of the contracture returning.

Collagenase Injection into the bands of tissue is a relatively new treatment and its long term effectiveness at this stage is unclear. The band is injected and the following day the finger is straightened under local anaesthetic. This treatment is not recommended if contracture is severe or multiple fingers affected. This treatment is not currently PBS listed, hence it is expensive.

What does the operation involve?

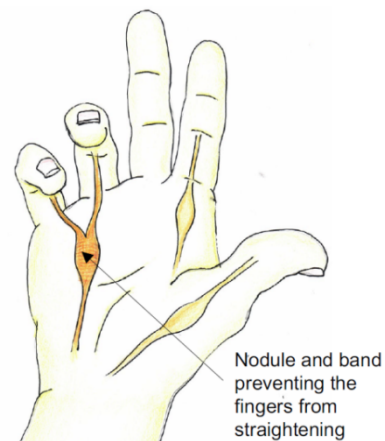
The operation is usually a day procedure under general anaesthetic, however other anaesthetic techniques may be available.

The amount of surgery you will require will be discussed with you before the operation and can depend on factors such as the position and severity of the disease, the condition of the skin and if there has been any previous surgery in the treatment area.

The operation can range from simply removing the fibrous band in the palm of the hand to removing all of the affected skin and disease and replacing it with skin grafts.

The skin is then closed over with sutures and a post-operative plaster back-slab is placed. You will attend a review appointment at WPRS approximately one week following your operation to check your wound and to commence hand therapy for post-operative management.

Hand therapy is considered an integral component of your post-operative management following Dupuytren's Fasciectomy. Your hand therapist will help you to control swelling, provide structured exercises and advice regarding movement and scar management.



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Post-operative course

You will be able to go home on the same day of surgery in most instances following Dupuytren's Fasciectomy.

Post-operatively you may have from one to several wounds on the palm of the hand extending up into the fingers. Injections of local anaesthetic at the end of the operation will help to ease discomfort. The wound will be closed with stitches and then covered with a dressing and a plaster back-slab which is to remain dry and in place until your post-operative wound review.

You will be provided with post-operative instructions and pain relief medication and you should follow these as directed. You will be discharged home with an appointment card for a wound check and hand therapy appointment. Contact phone numbers to call if you have any concerns once you have been discharged home will be available with your post-operative instructions.

You should rest following your operation and only perform light duties. You may be required to wear a splint on your hand at night for up to 3 months. You should avoid heavy lifting and strenuous activity for a few weeks, returning to normal activities by around four to six weeks. You may drive a car when you feel safe and comfortable to do so (check with your insurance company for any policy requirements). Most people can return to work at around four to six weeks post-operative (depending on the type of work).

Potential risks of surgery

Bleeding/haematoma: any bleeding after surgery is usually minor. However rarely you may bleed enough to require a return to theatre.

Infection: uncommon, however if it occurs you may be required to commence antibiotics.

Wound separation/delayed healing: Wounds can be moist and sticky for approximately one to two weeks post operatively. Sometimes a small area of skin dies, however this is not usually serious and wounds generally heal very well.

Scar tenderness: is common for around 6 weeks and improves for most people, though is rarely permanent.

Aching and stiffness in the finger joint: This is more common in people with arthritis in the fingers.

Incomplete finger straightening: You will be advised pre-operatively how much correction you can expect from the operation.

Nerve damage: Damage to nerves that pass to the finger may result in temporary/permanent numbness. Risk <1%, higher in repeat operations.

Loss of finger: Damage to both arteries in finger may result in loss of finger. Risk 1:500,000 in primary operation slightly higher if 2nd or 3rd operation.

Recurrence: The risk of the condition returning within five years is around 20%. Another operation may be required in this instance.

Complex regional pain syndrome: Approximately 2-3% risk. This results in pain, sweating and swelling of the hand. Often resolves with hand therapy although may require medication and may be permanent.

Anaesthetic complications: sore throat, nausea/vomiting, other rare complications (i.e. allergic reaction to anaesthetic) can be discussed with your anaesthetist.