

Dupuytren's Fasciectomy

Patient Information

What is Dupuytren's disease?

Dupuytren's disease is a condition where scar-like tissue forms just beneath the skin of the fingers and the palm of the hand. Over time, this fibrous tissue can contract and force one or more fingers to curl up into the palm. This is known as Dupuytren's contracture (see figure 1).

Your surgeon has recommended a Dupuytren's fasciectomy operation. However, it is your decision to go ahead with the operation or not. This document will give you enough information about the benefits and risks so you can make an informed decision.

If you have any questions that this document does not answer, you should ask your surgeon or any member of the healthcare team.

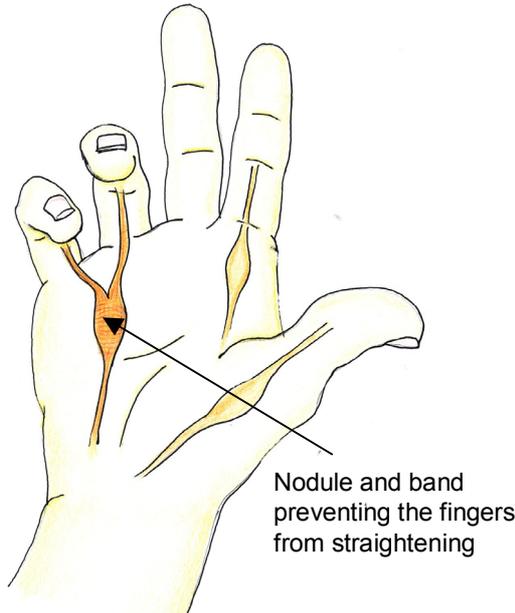


Figure 1

Dupuytren's contracture causing deformity of fingers

How does Dupuytren's contracture happen?

The reason why fibrous nodules and bands of tissue form is not fully understood. It used to be thought that the disease was caused by heavy manual work, but this is not the case.

Dupuytren's contracture is more common in men than in women, and it tends to run in families. It is sometimes associated with diabetes, liver disease or smoking. However, most sufferers have no particular risk factors. If one or more fingers develop contractures that interfere with the hand function, your surgeon may recommend an operation.

What are the benefits of surgery?

After surgery, you should be able to make better use of your hand and straighten the affected fingers further.

Are there any alternatives to surgery?

The only effective treatment for Dupuytren's contracture is surgery. There is no effective drug treatment available. Wearing a splint on the affected hand does not stop the disease from getting worse.

What will happen if I decide not to have the operation?

Although surgery is not essential, Dupuytren's contracture does not get better without it. The condition will often get slowly worse with time and can result in one or more fingers being held bent into the palm. If this is left untreated, your finger joints may become permanently stiff and an operation at this stage is less likely to be a success. Sometimes the only option for a stiff and contracted finger is amputation.

What does the operation involve?

You should remove any rings from your hand before you come into hospital.

Your surgeon will discuss with you before the operation how much surgery you are likely to need. This depends on the position and severity of the Dupuytren's contracture, the condition of the skin and if you have had any previous surgery.

The surgery can range from simply cutting a fibrous band in the palm of your hand to removing all of the affected skin and replacing it with skin grafts. A variety of anaesthetic techniques are possible. Your anaesthetist will discuss the options with you and recommend the best form of anaesthesia for you.

At the end of the operation, your surgeon will close the skin with stitches. They will put your hand in bandages or a plaster cast.

What can I do to help make the operation a success?

• Lifestyle changes

If you smoke, try to stop smoking now. There is strong evidence that stopping smoking several weeks or more before an anaesthetic reduces your chances of getting complications. Further contractures are more likely to happen if you continue to smoke after your operation.

If you are overweight, losing weight will reduce your chances of developing complications.

If you need help to stop smoking or lose weight, ask a member of the healthcare team or your GP for advice.

• Medication

You should continue your normal medication unless you are told otherwise.

Let your surgeon know if you are on **warfarin** or **clopidogrel**. Follow your surgeon's advice about stopping this medication before the operation.

What complications can happen?

The healthcare team will try to make your operation as safe as possible. However, complications can happen. Some of these can be serious. You should ask your doctor if there is anything you do not understand. Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

The complications fall into three categories.

- 1 Complications of anaesthesia
- 2 General complications of any operation
- 3 Specific complications of this operation

1 Complications of anaesthesia

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.



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2 General complications of any operation

- **Pain**, which happens with every operation. You may have local anaesthetic injected into your arm during the operation to help relieve any pain you may feel after the operation. The healthcare team will also give you painkillers if you need them.
- **Bleeding** after surgery. This is less likely if you keep your hand raised up.
- **Infection in the surgical wound**. This usually settles with antibiotics but may occasionally need another operation.
- **Scarring** of the skin. If you need a skin graft, this will always look slightly different from normal skin.

3 Specific complications of this operation

- **Injury to the small arteries in a finger**. If both the main arteries to a finger get damaged, you may lose the finger. This is rare.
- **Incomplete correction** of the Dupuytren's contracture due to loss of movement of the finger joints. Your surgeon will let you know before the operation how much correction you can expect from surgery.
- **Stiffness of the finger joints** (risk: 1 in 25). The risk increases if you have arthritis in your fingers.
- **Numbness** in the fingers operated on. The small nerves in the fingers often pass near or even through the fibrous Dupuytren's tissue so some damage to the nerves is possible (risk: 1 in 100). This usually improves with time but you may not completely recover normal feeling. Your fingers may also be sensitive to cold.

- **Wound-healing problems**. The wounds can be quite moist and sticky for a couple of weeks after the operation. Sometimes a small area of skin dies (risk: 1 in 25). This is not usually a cause for concern and the wounds generally heal well.

- **Severe pain, stiffness and loss of use of the hand** (Complex Regional Pain Syndrome). This is rare and the cause is not known. If this happens, you may need further treatment including painkillers and physiotherapy. The hand can take months or years to get better.

How soon will I recover?

• In hospital

After the operation you will be transferred to the recovery area and then to the ward. You will need to keep your hand lifted up in a sling or on a pillow next to you when you are in bed. You should be able to go home the same day. However, your doctor may recommend that you stay a little longer.

If you are worried about anything, in hospital or at home, ask a member of the healthcare team. They should be able to reassure you or identify and treat any complications.

• Returning to normal activities

Your surgeon, physiotherapist and occupational therapist will tell you when you can return to normal activities. You will have an outpatient appointment to check that the wounds are healing satisfactorily.

Your surgeon may arrange for you to have a splint to wear on your hand at night, and some physiotherapy to help get your fingers moving again. It is also important to exercise your shoulder and elbow gently to prevent stiffness.

Do not drive until you are confident about controlling your vehicle and always check with your insurance company first.



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- **The future**

It can take some time for your hand to settle down after surgery. Slight stiffness of the finger joints is fairly common. The scars can be fairly thick at first but will gradually become less obvious.

Dupuytren's disease will probably come back in most people eventually, but will not always need further surgery. This is usually due to new fibrous bands and nodules forming.

Summary

A Dupuytren's fasciectomy should give you a worthwhile improvement in the function of your hand.

Surgery is usually safe and effective. However, complications can happen. You need to know about them to help you make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Paying for your operation

The costs of a Dupuytren's Fasciectomy are covered by most medical insurance policies. However, we strongly advise you to check with your insurer before you are admitted to the hospital. If you are paying for your own treatment, the cost of the operation will be explained to you, and confirmed in writing, when you book the operation. Your consultant's secretary or the hospital can give you an estimate beforehand.

Further information

You can also get further information from:

- **Your local BMI Hospital**
- www.aboutmyhealth.org - for support and information you can trust
- Arthritis Research Campaign on 0870 850 500 and at www.arc.org.uk
- Reflex Sympathetic Dystrophy and Complex Regional Pain Syndrome UK at www.rsd-crps.co.uk
- American Academy of Orthopaedic Surgeons at www.aaos.org
- NHS Direct on 0845 46 47 (0845 606 46 47 - textphone)
- www.eidohealthcare.com

Tell us how useful you found this document at www.patientfeedback.org

Acknowledgements

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