

Patient Information

Dupuytren's Contracture and fasciectomy

Introduction

This booklet provides information for you and your family regarding Dupuytren's Contracture. Your decision on treatment must be based upon weighing the benefits against any risks. If you have any questions as you read through this leaflet then ask the doctor, nurse or therapist at your next visit. You may find it helpful to make a note of your questions before you see the doctor or nurse.

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 may have 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.

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.

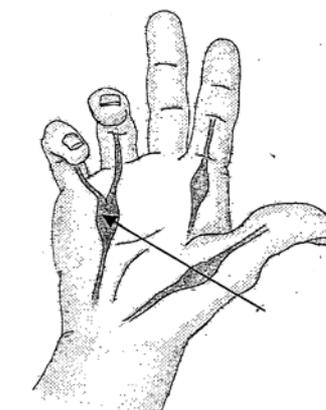


Figure 1

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 function of their hand, surgery may be recommended.

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, the finger joints themselves may become permanently stiff and an operation at this stage is less likely to be a success.

Sometimes the only option for a very stiff and contracted finger is amputation.

What does the operation involve?

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

The type of surgery needed depends on the position and severity of the Dupuytren's contracture, the condition of the skin and if there has been any previous surgery.

Surgery can range from, simply cutting a fibrous band in the palm under local anaesthetic to removing all of the affected skin and replacing it with skin grafts. Before the operation, your surgeon will discuss with you the type of surgery you are likely to need.

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.

- **Medication**

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

If you are on **Warfarin**, you will need to stop taking it before the operation. Make sure your surgeon is aware you are on Warfarin and follow the advice about stopping it.

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 patients having 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

Complications of anaesthesia

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

General complications of any operation

- **Pain**, which happens with every operation. Local anaesthetic may be injected into your hand during the operation to help relieve any pain you may feel after the operation. The healthcare team will give you medication to control the pain.
- **Scarring of the skin.**
- **Infection** in the surgical wound. This is uncommon and usually settles with a course of antibiotics.

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 very 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** 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. 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. 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 day-case Ward. Your hand will be wrapped in a bandage and you will need to keep it lifted up in a sling. You should be able to go home later on the same day. A **responsible adult should take you home in a car or taxi, and stay with you for at least 24 hours**, regardless of whether you have had the surgery under local anaesthetic or general anaesthetic. You will need support for a few days.

Follow up

You should have a review with your surgeon 1-2 weeks after the surgery. You will then be seen by the occupational therapists for splintage and stretching exercises. Depending on the severity of your contracture, you may need to see the therapists on a weekly basis for the first few weeks. It is important that you follow any instructions carefully to get the best result from the operation. The stitches should be removed after about 2 weeks and a further review with the consultant a few weeks after then.

If you are worried about anything once you are at home contact a member of the healthcare team on the phone number they give you. They should be able to reassure you or arrange for you to have a check-up.

Returning to normal activities

Your surgeon and occupational therapist will advise you when you can return to normal activities. You will be seen in the outpatient clinic to check that the wounds are healing satisfactorily.

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

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.

Partners in Care

We want you to be our partner in care. Please try to help by:

- Providing full information on your health history and related matters
- Following the advice given to you
- Accepting responsibility if you refuse treatment or medical advice
- Taking reasonable care of your own property and respecting the property of other people in hospital
- Keeping appointments and giving adequate notice if unable to do so
- Switching off your mobile phone when in hospital
- Not smoking except in designated areas
- Ensuring reasonable and responsible behaviour by yourself and your visitors
- Please return any equipment when you have finished with them

If you have any questions, which are not answered by this booklet, then please don't hesitate to ask your doctor or one of the nursing staff.

Further Information

The **Patient Advice and Liaison Service** would be pleased to offer confidential advice and support if you have any concerns. PALS can be contacted on 01782 552814 or Email patient.advice@uhns.nhs.uk

University Hospital of North Staffordshire Internet Site - www.uhns.nhs.uk

