

After skin preparation and draping a tourniquet is inflated around your upper arm to reduce bleeding during the operation.

An incision is made down the fingers and palm to carefully excise the diseased tissue from the nerves and vessels. The skin is then closed with sutures.



*Figure 1. If you leave the fixed flexion too late like this it is much more difficult for you and your surgeon to recover a straight normal finger.*

#### WHAT ARE THE BENEFITS & RISKS?

The benefit is to halt the progress of joint contraction in your hand and fingers and restore the normal function. Pre-existing symptoms of permanent contracture of 45-90 degrees may not be relieved by surgery even over time because of contracture of the volar plate.

There may be bleeding. This often settles with elevation.

Infection occurs in an average of 6% of patients because we all have bacteria on our skin and if these bacteria get into the cut they can multiply to produce infection. Infection can be surmised if you

develop more severe pain after the first 24 hours. In these circumstances please contact your GP or surgeon immediately. Your surgeon will arrange to assess this and probably remove the sutures early to relieve pain and resolve the infection.

Nerve damage should only very rarely occur. It is usually if the nerve is well wrapped up by the Dupuytren's tissue and it is disturbed by the unwrapping of the tissue surrounding the nerve. Nerve injury usually resolves with time.

Immediately after surgery your hand will be bandaged and will be kept elevated to keep the swelling down. You should maintain the elevation after you are taken home.

You may be given pain relief medications. It is important to keep the dressing dry so cover it with a plastic bag or "Limbo" when bathing or showering. Dark blue or brown discoloration of the hand and wrist after surgery is normal and due to bruising. You will be told about exercising your hand by opening and closing your fingers and squeezing exercises.

You will probably be able to start light activities in one to two weeks. We will arrange physiotherapy and follow-up appointments with your surgeon so that we can make sure you are healing properly after surgery. If you develop a pale blue or white hand, increasing pain for more than a few hours not relieved by medication, loss of sensation, throbbing, excessive swelling in the hand, or fever over 100 ° F please contact your doctor or surgeon.

For further copies of this information leaflet please go to  
[www.JohnHardy.co.uk](http://www.JohnHardy.co.uk)  
Or telephone Sally on 0044 (0)117 3171793.



Dupuytren's  
Disease

# DUPUYTREN'S

## INTRODUCTION

Dupuytren's contracture is a fibrotic contraction of the tissue in the palm of the hands and sole of the feet. The purpose of this leaflet is to explain why it happens, and what can be done to relieve your symptoms.

## WHAT IS INVOLVED?

Baron Guillaume Dupuytren, after whom the condition is called first described the condition in cab drivers in 1832. He worked at the Hotel Dieu, Paris and published his description in the Lancet in 1834.

There is a common misconception that the condition involves the tendons of the hand. The condition is due to a fibrosis of the palmar fascia. It is a common condition occurring in the fifth and the seventh decades of life. It is more common in men (2-7:1) and is common in those of Caucasian descent especially those of Celtic origin. It is uncommon in pigmented peoples.

Predisposing Factors include the following:

- Family History
- High cholesterol and triglycerides
- Epilepsy
- Diabetes
- Alcohol abuse (28% vs 8%)
- Heart disease
- Pulmonary disease
- Type II diabetes
- Cigarette smoking

Although any of the above may be present, most cases have no known cause. It commonly involves the right hand and most commonly affects the ring

finger then little, middle, index and least commonly the thumb. The prognosis is worse if you:

- Are younger
- Have Bouchards nodes
- Have it in both hands (bilateral)
- Have it in both feet
- Have a family history
- Are suffering from [Peyronies](#)

Your doctor may diagnose this condition if you have the symptoms of gradual contraction of the fingers into the palm. The signs of Dupuytren's disease include swellings in the palm, pits in the skin, and taught bands in the skin causing prevention of straightening of the fingers. Bent finger joints make it difficult to put on gloves, wash and shave.



Figure 2. If you can get your hand flat surgery is not necessary.

## HOW IS IT TREATED?

Mild cases may be treated by non-surgical methods. If you can get your hand flat on a flat surface there is no need for surgery. Exception to this occur in drivers who are troubled by a lump in the hand when holding a steering wheel. A new alternative to surgery is to have each Dupuytren's

band dissolved using Xiapex®. Please see Mr Hardy's information sheet for patients on this.

Once you can no longer get your hand flat on the table it is time to ask for a referral for Xiapex® or surgery.



Figure 3 Once you cannot get your hand flat time to ask for a referral to a specialist.

## HOW DO I PREPARE FOR SURGERY?

Please make arrangements to be accompanied home by a responsible adult after surgery. Do not eat or drink anything after midnight the night before the procedure unless you are instructed otherwise. Wash your arm the night before surgery and do not apply hand creams. Your operation will take place in the most modern facility by a trained Consultant Surgeon who will explain each step of the procedure to you as it takes place.

At surgery local anaesthesia injected into the wrist and hand so you don't feel pain after surgery. The procedure is performed under sedation anaesthesia. Occasionally your surgeon will offer you a relatively new procedure called "Aponeurotomy". Otherwise the best treatment is "Fasciectomy" for this condition.