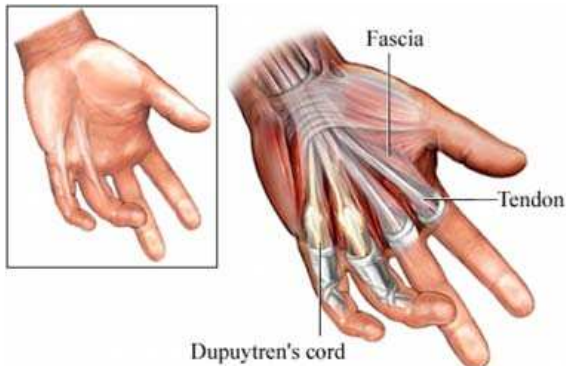


Dupuytren's Contracture

Information for Patients

Your doctor has referred you to us because you may have symptoms of Dupuytren's Contracture.



Dupuytren's Contracture is a fairly common disorder of the fingers. It most often affects the ring or little finger, sometimes both, and often in both hands. The disorder may occur suddenly but more commonly progresses slowly over a period of years. The disease usually doesn't cause symptoms until after the age of 40.

This leaflet will help you understand:

- What surgeons hope to achieve
- What happens during the operation
- What to expect after the procedure

What part of the hand is affected?



The **palmar fascia** lies under the skin on the palm of the hands and fingers. This fascia is a thin sheet of connective tissue. It covers the tendons of the palm of the hand and holds them in place. It also prevents the fingers from bending too far backward when pressure is placed against the front of the fingers. The fascia separates into thin bands of tissue at the fingers. These bands continue into the fingers where they wrap around the joints and bones. Dupuytren's Contracture forms when the palmar fascia tightens, causing the fingers to bend.

The condition commonly first shows up as a thick nodule (knob) or a short cord in the palm of the hand, just below the ring finger. More nodules form and the tissues thicken and shorten until the finger cannot be fully straightened.

What is the goal of surgery?



Many cases of Dupuytren's Contracture progress to the point where surgery is needed. The goal of surgery is to remove the diseased fascia, allowing the finger to straighten out again. By removing the tight cords and fascia, the tension on the finger is released. In some cases, grafting extra skin in the area may be needed to close the incision and gives the finger more flexibility to straighten.

The decision to proceed with surgery must be made jointly by you and your surgeon. You need to understand as much about the procedure as

possible. If you have concerns or questions, you should talk to your surgeon.

If you are on warfarin, clopidogrel or dipyridamole (persantin) please inform your surgeon when you have your assessment



THE OPERATION

Surgery can last up to 90 minutes, but you may need to allow 2-3 hours for your appointment. Surgery will be done under local anaesthetic (one that only numbs the hand). A blood pressure cuff will be blown up on the side of the operation to stop bleeding during the procedure.

An incision will be made in the skin. Several types of incisions can be made but yours will most likely be made along the natural creases and lines in the hand. This will help make the scar less noticeable once then hand is healed.

Once the palmar fascia is exposed, it will be carefully separated from nerves, arteries and tendons. Special care is taken not to damage the nearby nerves and blood vessels.

Then your surgeon will remove enough of the palmar fascia to allow you to straighten your finger. Once the fibrous tissue is removed, the skin is sewn together with fine stitches.

A skin graft may be needed if the skin surface has contracted so much that the finger cannot relax as it should and the palm cannot be stretched out flat. Donor skin grafts can be taken from the wrist, elbow or groin. The skin is grafted into the area near the incision to give the finger extra mobility.

POST-OP CARE

Your hand will be bandaged with a well-padded dressing and a splint may be used for support after surgery. The splint will keep the hand open and the fingers straight during healing.



Please ensure you have someone to drive you home after your operation

Your surgeon may want to check your hand within 5 to 7 days. Stitches will be removed after 10 to 14 days. Because many nerves are found in the hand, you may have some discomfort after surgery.



Pain control

We recommend you take some painkillers such as paracetamol as soon as you get home and regularly for the first 48 hours following the instructions on the packet

You should keep your hand elevated above the level of your heart for several days to avoid swelling and throbbing. Keep it propped up on a stack of pillows when sleeping or sitting up.

The surgeon will teach you exercises and scar management during the weeks following surgery.

COMPLICATIONS AND RISKS

As with all major surgical procedures, complications can occur. This leaflet doesn't provide a complete list of the possible



complications, but it does highlight some of the more common problems. Some of the most common complications following surgery for Dupuytren's Contracture are:

- Infection
- Nerve or blood vessel damage

Infection

Infection of the incision is one possible complication after surgery. If you have pain or redness, please seek medical advice.

Nerve or Blood Vessel Damage

There are many nerves and blood vessels in the hand. It is possible, though uncommon, that these structures can be injured during surgery. If an injury occurs, it can be a serious complication. Injury to nerves can cause numbness or weakness of the hand. Repairing an injury to the blood vessels may require additional surgery.

WHERE TO GET ADVICE



If you have any concerns during the post-op period you can get advice or help from one these sources.

- Contact your own doctor or nurse
- Contact one of the surgical team. Tel : 01726 885104
- Out of Hours Service – contact the emergency number provided by your surgery
- Your local Emergency Department

Severe pain, excessive swelling, bandages that are too tight or bloody should prompt you to seek advice. Take this leaflet with you and insist that the dressings are removed and the wound inspected before redressing.

TRAINING OF STUDENTS



We are a teaching and training practice. Sometimes medical students or doctors in training may wish to observe or participate in procedures or operations. They will always be supervised by a senior doctor and will only participate

with your approval.

If you do not wish to be seen by trainees or students you are perfectly entitled to withhold your consent.

If, after reading this information leaflet you have any further queries, please do not hesitate to contact the surgical team.

Tel: 01726 885104



