

Patient information

Excision of Dupuytren's Contracture of the Hand

What is excision of Dupuytren's Contracture?

You will be admitted for surgery to your hand as a result of contracture (pulling) of one or more fingers. The contracture of the finger is caused by a build-up of scar like tissue in the space between the tendons of the finger and the skin. This can develop over time and lead to deformity and affect the ability to use the finger as the finger is pulled in towards the palm of the hand. The operation removes the scar-like tissue.

The fingers most commonly affected are the ring and little fingers.

Before surgery

On the day of your outpatient appointment you will be screened in the Pre-Assessment Unit to make sure you are fit for surgery and assessed on the day if going to the Day Surgery Unit. If you are coming in to the main hospital you will be called for an assessment, where any necessary investigations are carried out and details taken on your past medical history and home circumstances, nearer to the date of surgery.

The letter which you will be sent with the date for your operation also gives you information on what time to arrive for your operation and what time you need to starve from. This letter will also advise you on what to bring into hospital with you.

The operation is usually done as a day case but you may need to stay overnight depending on how you are feeling following surgery and the anaesthetic and how your hand is feeling.

This type of surgery is usually done under a general anaesthetic but may in some circumstances be done under an arm block (numbing of the arm).

The Surgery

During the operation an incision is made in the skin over the affected area, the Dupuytren's tissue is removed and stitches are used to close the wound. It is occasionally necessary to remove the skin over the area. This depends on the degree of involvement of the skin

covering the area. If the skin is removed it is necessary to cover the area with a full-thickness skin graft. This skin graft is usually taken from the front of the forearm on the same side.

After your surgery

The stitches are removed 10-14 days after the surgery. You will be given an appointment to come back to clinic 3 to 6 days after your operation for the dressing to be reduced and at this point we aim to start your hand therapy. You will then have a further appointment approximately 2 weeks after your operation for stitches to be removed.

You may be advised to wear a splint following surgery. This is to help prevent a contracture reforming after the operation. The Occupational Therapist will also give you exercises to do to keep the fingers and hand moving.

When you can return to driving needs to be discussed with the surgeon; however you are not allowed to drive yourself home following the surgery and you should not drive before the dressing and stitches are removed. With regards to when you can return to work this depends largely on the type of job you have, but should be discussed with the surgeon.

Complications following surgery

There is a high risk of recurrence of the contracture and over a five-year period there is 50-70% chance of recurrence. This has varying degrees of severity but is often less dramatic than the first contracture.

Infections are rare following hand surgery but superficial infections may occur. This normally just requires cleaning of the wound and frequent dressing changes and occasionally antibiotics may be prescribed.

There is a risk of numbness (either permanent or temporary) in parts of, or all of, the finger due to nerve damage. This may occur as the scar tissue often covers nerves and vessels in the finger which may become damaged during surgery. If this does occur it may be possible to have a further operation to repair the nerve damage.

A condition known as Reflex Sympathetic Dystrophy (RSD) may occur following hand surgery. This condition is when the nervous system to the hand reacts abnormally to the surgery and results in increased pain and the hand may become swollen with shiny skin and stiff joints. This happens very rarely (less than 10%) and if it does occur will require intense physiotherapy. RSD results in delayed recovery of the hand function but long term results are generally good.

It is possible to lose blood supply to the finger if any blood vessels are involved in the scar tissue and become damaged during surgery. This is extremely rare and it is occasionally possible to repair the vessel. In cases of re-operation damage to the vessels is more common although still very unusual.

Watch out for

Following surgery you therefore need to be aware of any prolonged numbness in the finger, an increase in the swelling of the finger or hand, increased pain, and any heat or unusual odour around the wound. If any of these symptoms occur you need to contact the hospital or your GP for further advice.

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the disabledgo website link below:

<http://www.disabledgo.com/organisations/west-suffolk-nhs-foundation-trust/main>