Dupuytren Procedure

Surname ____________________  Given Name ____________________
Date (dd/mm/yy) ___/___/___   ID# _________________

Procedure Diagram

Mark the diagram using this legend:
- Final Measurement: Extension Deficit in Degrees
- Incision  ● Skin Graft  ✗ Collagenase Injection Site  ☑ Radiotherapy Field
- Fasciotomy Portals:  ● Uneventful  ○ With Paresthesia  ○ With Skin Tear  ○ With Flexor Contact
- Other:  ○ Palmar Nodule Steroid Injection  ○ Skin Tear Not at Portal

Events:  □ None  □ Lingering Paresthesias  □ Transient Numbness  □ Lingering Numbness
Limitations:  □ None  □ No Cord  □ Skin Tear  □ Tight Skin  □ Scar  □ Pain  □ Anxiety  □ Numbness  □ Unknown
Additional Notes:

Examiner: _____________________________ Signature: _____________________________

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