Palmar Fasciectomy Post-surgical Instructions

These are general guidelines that we will follow to ensure your hand surgery and rehabilitation will be successful.

1) Your first Occupational Therapy visit will be 1-3 days following your surgery. At this point, the therapist will remove your bulky dressing, reapply a clean dressing and make you a splint to wear on your hand. Exercises will be started. You will be scheduled to see the therapist usually on a once a week basis up till 6 weeks. These are general guidelines, depending on your motion, swelling, scar and pain status.

2) Wound care: The therapist will change your bandage at every visit. If you have a fair amount of drainage and need to change your dressing, that is fine. The first layer next to your skin is the yellow strip called Xeroform. This is a sterile petroleum based product that makes a barrier so that the bandage does not stick to the wound. This does not need to be changed on a regular basis as we do not want to keep adding moisture to the wound. If it falls off with a bandage change and gets dirty, you may then apply a new strip. The next layer of bandage does not need to be thick as we want you to be able to move your hand. Over the top of the bandage layer, wrap a single layer of 3M Coban or Vetrap. This keeps the bandage on and allows gentle compression to be applied to reduce your swelling. Please check your wound, if it looks as if you have more redness, seepage, swelling please contact the nurse or therapist so we may discuss this with you. The sutures will come out at 2 weeks, and then the bandage is reduced according to healing. The compression wrap or a glove should be worn for up to 3-4 months for the best results.

3) Splint wear and care: The splint is made to keep your fingers and hand straight. If there is problems with the splint-CALL the therapist. The splint is easy to wash in the sink, dry with a towel and put right back on again. The splint is worn all the time the first 6 weeks. Depending on how your motion and scar look we reduce down time in the day to eventually only wearing at night for the next 6 months. This is very important in your rehab program as we need to control/stretch your scar tissue.

4) Exercise and use of your hand: Your therapist will show your exercises to do with your hand, starting the same day as your first appointment. The two directions of bending and straightening are very important. You need to move it actively –or using your own muscles and passively – by using your other hand to move it. If it is too much to do active, do at least lots of passive until it gets moving more!! We want you to move your hand, but we do not want you to use your hand. No repetitive use, lifting, carrying is to be done with your hand. This will cause more swelling and pain. Exercise every hour, then resting it in the splint for the first 6 weeks is the best approach for success. You may start feeling like you can use your hand at about 3-4 weeks – CAUTION – there is a delayed response called “Dupruytren’s
Flare” that can happen at this time period where an increase in swelling, pain and loss of motion can occur. This can be controlled with not over-doing with your hand.

5) Scar tissue: When your skin starts to heal it will develop “scar”. We need this to be “controlled” as we do not want it to be bulky and thick, thus limiting your motion. Your scar program should be continued on for a LONG time – 6 months up to a year to get the best results. Components of scar management are to rub it when the incision is healed, wear your splint, keep the swelling down and keep pressure on it.

6) Dupuytren’s Disease or Dupuytren’s Contracture is the name of the disease process of your hand. The doctor performed what is called a palmar fasciectomy- “removal of fascia on the palm of the hand”. This is where he removes the extra thickening or cord-like matter on the fascia layer. The layers are skin, fascia (2nd layer), tendons/muscles then down to the bone. Your muscles are intact so it is okay to move your hand. Please see the attached photos. Since it often called the “Vikings disease – you must draw upon that heritage and be firm with your hand rehab!