Dupuytren’s Contracture

Produced by The Orthopaedic Hand and Upper Limb Service
What is Dupuytren’s disease?

The soft tissues in your hand and fingers are arranged in special layers. The layer just under your skin but above your tendons is called fascia. The fascia is in the hand to help bind the skin in place during grip. Without it the skin of the fingers would slide around during grip. It is normally a thin layer. In Dupuytren’s disease the fascia changes its behaviour. It gets thicker, forming lumps and bands in the palm and fingers. Any bands that form can shrink. This causes the fingers to be pulled over. If the fingers are left bent they can become permanently stiffened.

What causes Dupuytren’s disease?

There is a strong family linkage to this disease but in most cases we do not know why people get this problem. Sometimes we can trace the cause to diabetes, liver disease smoking or alcohol intake. At present we do not think there is a link between Dupuytren’s and work.

Dupuytren’s disease commonly gets worse over time. In some people it gets worse very quickly, in others it changes very little over the years.

How do you know (make a diagnosis) that I have Dupuytren’s disease?

The person who sees you takes a detailed account of the story of your problems called a history. This is most important. Next that person will look at the parts of your body, which might be involved. This is an examination. A history and an examination are usually good enough to tell us you have Dupuytren’s disease in the clinic. We do not usually need tests. Sometimes it is even possible to predict how severe your problem is from the history and examination alone.
Stage 1
A small lump develops on the hand.

Stage 2
The lump develops into a cord which extends up the hand into the finger.

Stage 3
The finger becomes contracted and difficult to move.
Can Dupuytren’s disease be successfully treated without surgery?

Injections of steroid into the lumps can give pain relief in minor cases when there is pain. This is uncommon. If your Dupuytren’s is causing your fingers to bend up a lot you will be offered an operation. If your fingers are not very bent then you will be discharged. Dupuytren’s can get worse over time so we will tell you a simple way to keep an eye on your fingers. Put the back of your hand flat on a firm surface and then try and straighten your fingers. Normally you can put your fingers flat on the surface. If your Dupuytren’s gets worse you will not be able to flatten your fingers fully. If the distance of your fingertip to the table gets to more than 5cm (2inches) we recommend that you come to see us again.

What if these treatments do not work?

There is a reliable operation, which corrects Dupuytren’s disease in over 90% of cases. This operation is called fasciectomy. What you need to know is that Dupuytren’s disease can come back after surgery. This is called recurrence. Recurrence will occur in over half of patients, but is usually very slow. About one in ten patients will not have successful surgery or will have a recurrence soon after their surgery. We cannot predict who will get recurrence before we operate.
What happens in a fasciectomy?

Patients usually have the operation as a day case. This means they come to hospital, have the operation and go home all in the same day. They may not have to go to sleep. Instead, the arm is numbed with an injection into the neck or around the shoulder. Alternatively you will need to go to sleep. Please discuss this with your anaesthetist. An inflatable bandage (like a blood pressure cuff) is put round the arm, this is called a tourniquet and it stops bleeding during the operation. The surgeon makes a zigzag cut in the hand over the disease and removes all the diseased tissue. The nerves and the blood vessels of the fingers are very close to the diseased tissue and may be damaged during surgery. After removing all the tissue the surgeon may need to release the joints of the finger. Once this has been done the surgeon will decide if a skin graft is needed. Skin grafts are needed in about 1 in 20 cases. The graft is quite small and is usually taken from your forearm. The surgeon then stops any bleeding. The wound is then stitched up. The hand is bandaged with or without a plaster of paris splint.

After the operation a sling is provided. This keeps the hand up and cuts down on swelling. It is best to keep the hand in the sling when upright, or, raised on pillows when lying for the first two days. The post-operative dressings are replaced with a large sticking plaster or a splint after two days. Using the hand as normally as possible speeds recovery. The hand must be kept clean and dry. Driving is allowed at the direction of the surgeon. The stitches are taken out at 10-14 days after the operation. The ward staff will arrange this. If there have been no complications there will be no limits on what you are allowed to do after the stitches are removed. You may be instructed to wear a splint on your finger at night for six months after surgery.

Time off work is usually 2-7 days for people in light work and 2-4 weeks for people in heavy, dirty work. People working with food are not allowed back to work until the wound is completely healed.
What are the complications of fasciectomy?

**Infection** – the most common, usually easily treatable with antibiotics.

Nerve injury – Bruising injury is as common as 10% of cases, but gets better without treatment. Permanent injury is rare but serious. Usually treated by surgery to the nerve.

**Vessel injury** – Very uncommon but serious. If the blood supply to the finger does not recover the finger may need to be removed at a later date.

**Stiffness** - If you had joint releases at surgery then you will be referred to a physiotherapist, as your fingers may be stiff. Most simple cases do well without physiotherapy. You are encouraged to move the fingers as much as possible after surgery.

**Dystrophy** – extremely rare but serious complication in which the whole hand gets very sore and seizes up. It can be treated but treatment can take a long time and the hand may be stiffened at the end.

**Recurrence** – not strictly a complication
Commonly the scar or the area on either side is tender for some months afterwards. This is normal and will go away. Massaging with moisturising cream will help. If the hand had been weak before surgery the strength may not come back. Most important is to remember that the operation does not work in about one case in twenty.

Please ask a member of the team if you require any further explanation or phone Preston switchboard on **01772 716565** with the name of your consultant. They will direct you to the correct team.
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