Patient Information
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NHS Golden Jubilee

Dupuytren's Disease and Dupuytren's Contracture

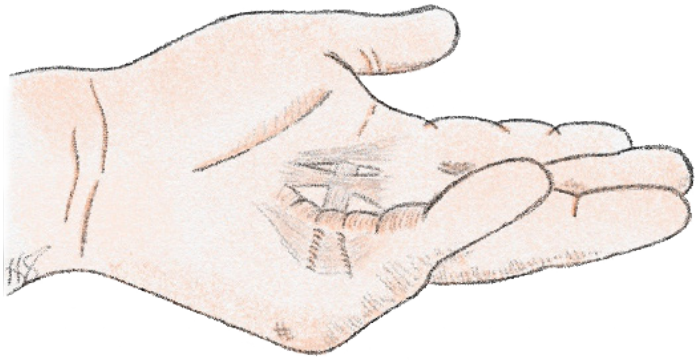
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About this leaflet

This leaflet tells you about Dupuytren's Disease and Dupuytren's Contractures, its causes and treatments.

About Dupuytren's Disease and Dupuytren's Contracture

Dupuytren's Disease (also known as Dupuytren's contracture) is a disease of the fascia of the hand. It is named after the French surgeon, Baron Guillaume Dupuytren, who practised in Paris in the 18th century.



The fascia is made of fibres and forms bands of connective tissue that run underneath the skin of your palm and fingers. This connective tissue binds the skin of your palm and fingers to underlying structures, such as tendons and bones, and makes your grip strong.

If you have Dupuytren's Disease, this fascial layer becomes thickened and forms nodules under the skin. Over time the nodules can extend to form a cord. Sometimes there are little pits, where the skin becomes attached to the deeper tissue. The cords prevent your fingers from being able to straighten completely. Over time, the contractures of the fingers can become quite severe and the finger can become fixed in a bent position. Sometimes the nodules can be painful, although this tends to be a temporary phenomenon.

If you suffer from Dupuytren's Contracture, you may struggle to:

- place your hands flat,
- get your hands into tight spaces,
- shake hands comfortably with others,
- wear gloves,
- put your hands in your pockets.

Sometimes there is no progression beyond the nodule stage. However, the disease keeps developing slowly over months and years in some people with Dupuytren's contracture. It is hard to predict how significant your Dupuytren's Disease will become.

Some people have severe Dupuytren's Disease that develops at a young age, progresses quickly and may have a high rate of recurrence following treatment. These patients tend to have a strong family history and the condition affects multiple fingers. They may also develop the condition at locations other than their digits:

- nodules on the back of their knuckles (Garrod's pads)
- thickenings on the soles of their feet (Lederhose disease)
- along the shaft of the penis (Peyronie's disease).

Causes

While there is no known cause, Dupuytren's Contracture occasionally appears after trauma to the hand or wrist.

It is more common in people with Celtic or Northern European ancestry, diabetics and those taking anti-epileptic medication.

Treatment

There is currently no cure for Dupuytren's Disease and it does not spread or cause damage to any other part of your body. Treatments can correct the contractures of the fingers, but it may reappear in the operated fingers or develop in previously uninvolved fingers.

If you suffer from Dupuytren's Contracture, there are a number of different treatment options for different stages of the disease. The most suitable option for you will depend the stage of the disease and your medical history. We will discuss your options during your initial consultation.

If you have nodules or a very mild contracture, then active treatment is not recommended. You should monitor your hand and ask your General Practitioner (GP) to refer you to a hand surgeon when you are unable to place your hand flat on the table or your fingers are getting in the way of daily tasks.

Dupuytren's Disease does not cause you any significant harm, however, the success of treatment decreases if you develop a severe contracture.

- **Needle Fasciotomy**

  This procedure treats the cord pulling from the palm but is not suitable if the joints in your finger are very bent. The cord can be divided under local anaesthetic, using a needle, to manipulate the finger into a straighter position.

  The recovery period is very quick, however, the rate of recurrence is high, with about half of people having recurrence within 3 years. There is an increased risk of damage to nerves and blood vessels. Sometimes a split can develop in the skin, but this will heal by itself without the need for stitches. Rarely a tendon could be injured and this might need an operation to repair it.

- **Surgery for Dupuytren's Disease**

  Surgery is the most common treatment. It is suitable for all patients with joint contracture and provides reliable correction of the deformity.

In most cases, it is possible to correct contractures at the big knuckle joints of the hand. However, it may not be possible to completely correct contractures within the finger, especially if the finger has been bent down for a long period of time.

Surgery

Surgery is performed under a general or regional anaesthetic and most people get home on the day of surgery. The affected tissue is removed through cuts in the palm and finger, separating it from normal tissue such as nerves and arteries that supply your finger. Sometimes part of the wound is left open and this can take about 4 weeks to heal. In very severe cases, or if it has come back, then a skin graft may be required.

Wounds can take a few weeks to fully heal after surgery, but the stitches are usually removed after 2 weeks. In the week following surgery, you will attend an outpatient review clinic, where a nurse will re-dress your hand and a physiotherapist will show you how to do exercises to get your hand moving. You will need to continue with these exercises regularly as you recover.

You may be required to wear a splint at night time. Further Hand Therapy will be arranged at your local hospital or clinic. You may require several sessions of therapy over a few months. The practice nurse at your GP surgery can remove your stitches after 2 weeks.

Alternative treatments

- **Steroid injections**
  These can help in the short term with localised tenderness in the palm but do not affect the progression of Dupuytren's Disease or Contractures. They are not recommended

- **Collagenase injections**
  This drug is no longer on the market in Europe.

- **Radiotherapy**
  This is an experimental treatment offered in some research centres. It is not currently available in the NHS in Scotland.

Risks

- It is not possible to cure Dupuytren's Disease and Contractures can recur. This can occur quickly in some people but most people only need 1 operation for Dupuytren's Disease in their lifetime
- It might not be possible to get your finger fully straight at the time of surgery.
- Wounds can occasionally take a few weeks to heal.
- Scars can often be tender after surgery but physiotherapy can help to improve this.
- Your hand will be swollen and stiff after surgery. It is important to keep your hand moving to minimise this – the physiotherapist will show exercises for to do this and you should do them regularly, even before the wound is fully healed.
- There is a risk of an infection. Most infections are treated with antibiotics and dressings. It is very

uncommon to be admitted into hospital to treat an infection.

- The nerves and arteries that supply your fingers are often entwined in the Dupuytren's tissue and there is a risk that of injury during surgery.
- It is possible that you could lose a finger after surgery due to lack of blood flow.
- Permanent tingling or numbness in the finger after surgery is possible, however, this does recover in some people.
- It is very common that your fingers will be sensitive to the cold after surgery. This again usually improves with time.
- Complex Regional Pain Syndrome (CRPS) is an uncommon condition that can affect the hand after any surgery. For reasons that are not yet fully understood, the hand becomes very stiff and painful – it is like a pain reflex that will not turn itself off. This is treated with painkillers and physiotherapy. A few patients who develop this will not get better.

Contact

If you have any questions or concerns, please email **gjnh.handsurgery@gjnh.scot.nhs.uk** or contact the orthopaedic clinic during office hours on 0141 951 5553. For out of hours, you should contact NHS 24.

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