

Dupuytren's Disease

What is Dupuytren's Disease?

Dupuytren's disease is an abnormal thickening of the tissue in the palm of the hand. It results in the thickening under the skin and curling up (contracture) of the fingers. The tendons which move the fingers, are not involved. Commonly involved fingers are the ring and small, although the whole hand may be affected. Dupuytren's disease is common in Nordic and Scandinavian races and has a higher incidence in Scotland than the Southern England. It is rare in African, Asian and Chinese races. Men are more prone to Dupuytren's contracture than women and a strong family tendency can often be traced. When present at a young age (30-40 year olds) there is a tendency for the contracture to occur over a lifetime. The inheritance to future children cannot be accurately predicted.

Natural course of disease

Most patients complain of a lump or thickening in the palm of the hand. Progressively, a band forms and the finger(s) contracts. The usual reasons for seeking medical advice are:

Understanding the condition.

- The finger gets in the way (face washing, gloves, pockets etc.) because it will not straighten.
- Pain—rarely a feature.
- Malignancy (cancer) does not occur from Dupuytren's disease.

Non-operative treatment

Over the years many splinting methods to straighten the fingers have been tried and are mostly unsuccessful without surgery. As surgery can never be curative (removing the disease completely), most patients will require a number of episodes of treatment during their lifetime.



Dupuytren's Contracture affecting the ring and small fingers.

When should I have an operation?

If the hand can be placed flat on a table then it is most unlikely that surgical treatment will be beneficial. The risks and advantages of surgical treatment should be weighed up before making any decision.



Severe contracture

How is the operation done?

The operation may take place under a General or Local Anaesthetic. If the arm only is anaesthetised, this consists of an injection of local anaesthetic at shoulder level and application of a cuff above the elbow. The operation lasts from between 45 minutes to 1½ hours and consists of removal of the diseased thickened scar. It involves careful dissection around the sensation nerves to the finger pad



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and tendons. For most patients the procedure is performed as a day case, meaning you will go home on the day of surgery.

What are the risks of surgery?

The main risks from surgery are:

- Nerve damage.
- Further contracture.

Great care is taken to avoid nerve damage but this does occasionally happen. It would result in numbness along one side of the finger and would not alter movement. Further contracture may occur, especially if there is disease elsewhere in the hand.

When can I use my hand?

Interference of hand function by the operation affects very basic tasks of daily living, such as dressing, washing and the toilet etc. Often a plaster splint is applied to the hand and wrist for 10 days after surgery. You are not safe to drive after an anaesthetic or with a forearm plaster. We recommend you arrange for some assistance if you live alone. This is to prevent further finger contractures. Stitches are usually removed at 2 weeks and some wounds may take a few weeks to heal.

Weekly attendance for dressings in the first 3 weeks is important. Hand use has normally returned by 6 weeks. Sometimes physiotherapy as an outpatient is used. Splinting to prevent further contracture may be ordered by the doctor.

A night splint on the palm and finger is supplied and should be used for 3 to 6 months. 6 months post-operatively to help prevent further contracture.

Amputation?

A patient's contracture may be so severe that it is recommended that the little finger may be wholly or partly removed. If this is the case,

this will be discussed in detail with you by the Surgeon before your operation.

Amputation of the finger will be performed with written consent and discussion and is only indicated in very severe cases.

Is there a new injection treatment for Dupuytren's contracture?

Collagenase is an enzyme injection currently being used for the treatment for Dupuytren's and if used on the correct disease pattern is very successful in treating the contracture. As this treatment is relatively new it is not clear how long the contracture will remain at bay and whether the results last as long as surgical treatment. Your Surgeon will discuss this option with you if appropriate at your appointment.

This leaflet carries general information which may not be applicable in your particular case. Please discuss any concerns or questions with nursing staff.