Surgery for Dupuytren’s disease

This leaflet will help answer some of the questions you may have about Dupuytren’s disease and the surgery used to treat it. It explains the benefits, risks and alternatives to the procedure. If you have any concerns, please do not hesitate to speak to a doctor, therapist or nurse caring for you.

What is Dupuytren’s disease?
Dupuytren’s affects the fascia on the palm of the hand. Fascia is tissue that lies just below the surface of the skin and extends into the fingers. It helps to support and cover the hand. If it begins to thicken, it also begins to pull tight, pulling on the fingers and causing them to bend toward the palm. People may first notice a thickening in their palm. They may also notice a lump or an indentation in their skin.

It is not known what causes Dupuytren’s disease. Research has shown that there may be a genetic link as it is most common in people of North European descent. It is also more common in men than women.

Dupuytren’s disease may get worse over time, but how quickly will vary from person to person.

Why should I have surgery for Dupuytren’s disease?
Changes to the fascia in the palm of your hand will not go away on their own. The thickening or lumps need to be surgically released or removed. This surgical procedure should allow your fingers to move away from the palm of your hand. In addition, it is hoped that surgery will stop the disease process.

Surgery is almost always recommended if:
- the thickening and pulling on the fingers continues to increase, especially if the changes seem to happen quickly.
- you are unable to do some everyday activities such as putting your hand in a pocket, shaking hands or wearing gloves.

What happens during Dupuytren’s surgery?
There are different forms of surgery – the best type for you will depend on your individual circumstances. The procedure may be carried out under local, regional or general anaesthetic. The specific surgery and anaesthetic that is best for you will be discussed with you by your surgeon.

Some of the options for Dupuytren’s disease surgery are:
- **Fasciectomy**. This surgical correction is done by removal of the fascia. It is stitched up in a zigzag pattern. Sometimes one part of the wound is left open to heal by itself.
- **Dermofasciectomy.** In some situations it is necessary also to remove the skin that is on top of the fascia, therefore the skin and the fascia are removed. This is a more complicated operation. The removed skin has to be replaced by a skin graft. The skin used for the graft is usually taken from your upper arm or groin.

- **Fasciotomy.** The fascia is cut through a small cut in the palm of the hand. This can be done under local anaesthetic. This is sometimes used for people that cannot tolerate general anaesthetic.

**What are the risks?**

- **Infection:** this can occur after any operation. This would be treated with antibiotics.
- **Bleeding:** blood can sometimes collect under the stitches which may be painful. This is usually managed by removing some of the stitches. Sometimes a further operation may be needed to stop the bleeding.
- **Stiffness:** occasionally some people’s hands become unusually swollen, painful and stiff after the operation. This cannot be predicted but will be watched for and treated by hand therapy if necessary.
- **Skin loss:** portions of the zigzag scars and skin grafts can fail to “take” after the operation. This is very rare. It may need further surgery to repair.
- **Nerve damage:** the delicate nerves of the finger can be damaged and may cause temporary or permanent tingling or loss of the sensation of touch.
- **Scarring:** there will be a scar in the palm of your hand and often one extending to your finger(s).
- **Recurrence:** Dupuytren's disease can return.

**Are there any alternatives to surgery?**

In the early stages, when the thickening is only minimal, research has shown that some people may benefit from night splints. The splints hold your fingers straight while you sleep. Your doctor will refer you to therapy if they believe this will help you.

Generally there are no non-surgical methods to treat this disease once the fingers have begun to bend in towards the palm.

**Will I feel any pain?**

During the surgical procedure you will be given anaesthetic to ensure that you do not feel pain. You will be given pain relief to be sure that you remain comfortable after the surgery. It is important that you take this medication on a regular basis for the first few days. When taken regularly it is kept at a constant level in your body and will control your discomfort more effectively. Any medication given to you will be explained before you leave the hospital.

**What should I look out for at home?**

**Dizziness and tiredness.** If you have had a general anaesthetic you might feel dizzy and tired when you go home after the operation. Please rest for the remainder of the day and the following day to help you recover from the general anaesthetic. The anaesthetic will take up to 24 hours to wear off. You do not need to stay in bed. Gently moving around your home will help your blood circulation and help to prevent blood clots.

**Swelling.** You can help to prevent or reduce swelling in your fingers by placing your arm on a couple of pillows when you are sitting or resting. You will also be given a sling. Wear this when you are not seated or resting.
**Wound dressing.** You will have a dressing over your wound on your wrist. Your surgeon will decide how long the dressing should remain on and we will tell you when it should be removed. Often it must remain in place for up to a week. Please do not let your hand get wet. If necessary, cover it with a plastic bag tied at your wrist or a large rubber glove. You will most likely have stitches in your hand. These are usually removed within 10 to 13 days.

**Follow-up appointments**

You will be given a follow-up appointment to have your dressings and stitches removed which will either be with the plastics dressings nurses or in hand therapy.

You will be given an appointment to see hand therapy who will assess whether you need to wear a splint to help with the straightening of your fingers and provide exercises to begin moving your fingers. You will also have a follow-up appointment scheduled with the surgeon.

These appointments will all be given to you before you leave the hospital on the day of your surgery. It may be necessary to send you a letter with the specific date and time if the appointment cannot be made on the day.

**Contact us**

If you have any questions or concerns about surgery for Dupuytren’s disease, please contact the Plastics Department on **t:** 020 7188 6265, **e:** HandTherapyAppointments@gstt.nhs.uk

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.guysandstthomas.nhs.uk/leaflets

**Pharmacy Medicines Helpline**

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline. **t:** 020 7188 8748 9am to 5pm, Monday to Friday

**Your comments and concerns**

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department. **t:** 020 7188 8801 (PALS)  **e:** pals@gstt.nhs.uk  **t:** 020 7188 3514 (complaints)  **e:** complaints2@gstt.nhs.uk

**Language and accessible support services**

If you need an interpreter or information about your care in a different language or format, please get in touch.  **t:** 020 7188 8815  **e:** languagesupport@gstt.nhs.uk

**NHS 111**

Offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.  **t:** 111

**NHS Choices**

Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health.  **w:** www.nhs.uk