

Patient Information Leaflet

Dupuytren's Contracture
Partial Fasciectomy

Produced by
Orthopaedic Department

October 2013
Review Date: October 2016



If you require this leaflet in another language, large print or another format, please contact the Quality Team, telephone 01983 534850, who will advise you.

What is it?

The layer of tissue just under the skin in your palm, the fascia, has become abnormal. The fascia has formed a band which is thicker than normal and is shortened. The band prevents you fully straightening your finger. This is known as Dupuytren's contracture. It is a condition that is common in adults. Both Ronald Reagan and Margaret Thatcher had operations for it! Most people develop it for no obvious reason, though it can be inherited from your parents.

The Operation

The operation to correct the skin and fascia in your palm is called a palmar fasciectomy. If you have a general anaesthetic, you will be asleep for the whole operation. A cut is made along your palm and a zigzag cut up your finger, if necessary. The abnormal band of fascia in your palm is cut out and the rest of the normal fascia in your palm is left behind. The skin wound is then closed up with stitches. Sometimes a fine plastic drainage tube is led from the wound. The operation can either be done as a day case, which means that you come into hospital on the day of the operation and go home the same day, or as an in-patient case, which means you will be in hospital one night after the operation. If your operation is done as a day case you can be given a special type of local anaesthetic (called a regional block) or a general anaesthetic. The choice depends partly on which you prefer, and partly on your anaesthetist and surgeon. Having a local anaesthetic means that you will be awake during the operation, but will not feel any pain in your hand. If your knuckle joint is bent with the contracture, the surgeon can usually get it straight. If your finger joint is bent, he often cannot get it to fully straighten.

Any Alternatives

If you leave things as they are, the thickening and shortening will probably slowly get worse. If you can lay your hand completely flat on a table top, an operation is not recommended. Not all bands develop to need surgery. If you cannot straighten your finger then an operation may be best. As a rule an operation is offered for a 30 degree contracture at the knuckle joint but for even very small contractures in the finger itself. Stretching exercises are not helpful. Cortisone (steroid) Injections do not help. Bigger operations do not give better results.

Before the operation

Stop smoking and get your weight down if you are overweight. If you know that you have problems with your blood pressure, your heart, or your lungs, ask your family doctor to check that these are under control. Check the hospital's advice about taking the pill or hormone replacement therapy (HRT). Check you have a relative or friend who can come with you to hospital, take you home, and help to look after you for the first week after the operation. Bring all your tablets and medicines with you to hospital. On the ward, you may be checked for past illnesses and may have special tests, ready for the operation. You may be asked to attend a preadmission clinic, where you visit for an hour or two, a week or so before the operation for these checks.

After - In Hospital

Your hand will be wrapped in a bulky bandage. Your arm will be raised up on a pillow or in a roller towel to prevent the hand swelling. The wound may be a little sore. You will be given injections or tablets to control this. Ask for more if the pain is unpleasant. Your arm may be put in a sling. A general anaesthetic will make you slow, clumsy and forgetful for about 24 hours. Do not make important decisions, use machinery, or even boil a kettle during that time. If your operation is a day case, you should feel fit enough to go home after an hour or two on the ward after the operation. If a wound drain has been put in, a nurse will take it out after 24 hours or so and your dressing will be made less bulky after 24-48 hours. Your stitches will be taken out after approximately 10 days. Wash around the dressing for the first ten days. You can wash the wound as soon as the dressing has been removed. Soap and warm tap water are entirely adequate. Salted water is not necessary. You can shower or take

a bath as often as you like. You may be seen for a check up about one or two weeks after you leave hospital. The nurses will advise about sick notes, certificates etc. Physiotherapy will commence after the stitches have been removed. You may be provided with a splint to wear at night for several months. This attempts to prevent the fingers from contracting back into the palm after a difficult operation.

After - At Home

You cannot drive until your stitches have been removed. Your hand may be too sore to hold a steering wheel for a further two weeks after your stitches have been removed. This depends on the extent of your surgery. How soon you can return to work depends on your job. If you can work mainly one handed, you may be able to return to work ten days after the operation. This also depends on you being able to get to work. If your job is manual you will be unable to work for three to six weeks. Please ask the staff looking after you if you require a sickness certificate You may play sport four weeks after the operation. Your hand will continue to improve for many months.

Possible Complications

Wound infection is relatively common as the palm of the hand gets quite sweaty in a dressing. If this occurs you will be given antibiotics. After the release of a severe contracture, a small area of skin may die. The surrounding skin grows in and replaces the loss. As a result the wound needs repeated dressings for up to six weeks. If the skin is very tight at the end of the operation a small skin graft is sometimes taken from your forearm and used to patch the defect. The nerves that supply feeling to the fingers run extremely close to where your surgery is performed. Occasionally a nerve may be bruised or stretched during the operation. This temporarily stops the nerve working. This gives you tingling or numbness in your finger. Occasionally, a nerve to a finger is cut. If this happens, part of your finger is completely numb. You would still be able to bend and straighten the finger as the nerves do not supply muscles. If your finger joint is bent, the surgeon often cannot get it fully straight. Dupuytren's contractures often recur, especially if the thumb or index finger is involved.

General Advice

The operation is delicate and not without hazards. However, if you cannot use your hand properly because of your bent finger, you should end up much better off after the operation. We hope these notes will help you through your operation. They are a general guide. They do not cover everything. Also, all hospitals and surgeons vary a little. If you have any queries or problems, please ask the doctors or nurses

Valuables should not be brought into the hospital. If patients have to bring in valuable items they should ask a nurse to store them safely and request a receipt for the items. You may not be able to have the valuable items returned if the time of discharge from hospital is out of hours.

We are sorry but the Trust cannot accept responsibility for loss or damage to items not given for safe keeping.

You can get further information on all sorts of health issues through NHS interactive available through Sky TV or online at: <http://www.nhsdirect.nhs.uk/>

For Health advice and out of hours GP service please call the NHS 111 service on: 111

We Value Your Views On Our Service

If you wish to comment on the care which you, your relative or friend has received, we will be pleased to hear from you. Please speak to the person in charge of the ward, clinic or service in the first instance or ask them to contact the Quality Team. If you wish to contact them directly, telephone on 534850.

Alternatively you may prefer to write to:

Chief Executive
Isle Of Wight NHS Trust
St Mary's Hospital
Newport
Isle of Wight
PO30 5TG

You can also share any concerns you have about our services with the Care Quality Commission (CQC) on 03000 61 61 61 or at enquires@cqc.org.uk

All NHS sites are no smoking areas.

If you would like help and advice to stop smoking please call: Freephone 0800 169 0 169 to talk to the NHS Smoking Helpline.

Ref: O/DC/5