

You may go home on the same day or the next day once the nurse has checked that it is safe to do so. We will send your doctor a letter and you can ask for a copy.

Going home

Please make sure that a friend or relative take you home. You should continue to take your painkillers if necessary as directed. Your hand will recover movement more quickly if you are free from pain. Your outer bandage can come off when you attend the outpatient clinic.

Two weeks after your surgery the stitches will be removed and the hand therapist will check your hand, go through some exercises and provide a plastic mould to keep the hand in a good position. It is important that you continue your hand exercises regularly and the exercise you shoulder and elbow joints to prevent stiffness.

You can return to work as soon as you feel better depending on the type of work you do. You can return to driving when you can safely do an emergency stop. Please check first with your insurance company.

What are the risks?

This is a successful operation but there are some risks associated with most procedures, for Dupuytren's contracture repair they include:

Scarring of the palm of the hand or fingers which will be raised and tender for about six – eight weeks. This can be helped by gently

massaging it with hand cream as instructed by your hand therapist.

Nerve damage is possible when the surgeon is trying to remove the scarred bands from the hand/fingers, there may be some numbness as a result of damage to tiny nerves which gradually improve but complete recovery cannot be guaranteed. This is a well documented risk.

Infection if you develop a fever and your hand is swollen, red and tender then you may have a wound infection and should contact your doctor for treatment with antibiotics.

Stiffness this is quite common about five per cent and may be increased with arthritis. Physiotherapy may be recommended to treat it.

Incomplete correction of the contracture may occur when the joints are very stiff and contracted before the operation.

Reoccurrence new fibrous bands can recur but they are not usually as severe.

For further information contact the orthopaedic specialist nurse on 020 7288 5004, Monday – Friday 9.00am to 5.00pm

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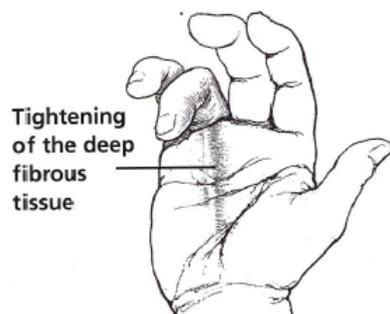
Dupuytren's contracture and treatment

A patient's guide



This information is for patients who have Dupuytren's contracture. It explains what it is, the surgical treatment and any risks involved.

A Dupuytren's contracture is a condition where one or more fingers are gradually forced into a curled position (contracted) by the tightening of the fascia, the deep fibrous tissue in the palm of the hand. It is a condition which gradually gets worse.



What causes it?

The cause is unknown but it tends to run in families. It affects more men than women, usually in middle age. It is a condition that predominantly affects people of northern European descent.

Treatment choices

Surgery is the only successful way of treating the condition. There are a number of slightly different methods of surgery depending on the severity of the contracture or any previous surgery.

You can decide to do nothing at all, but the condition will not get better.

Physiotherapy alone will not help to straighten the fingers but may be advised following the operation. Your orthopaedic surgeon will discuss with you the best type of surgery that will suit you.

Preparation

A few weeks before your surgery you will have a medical check up with a nurse. This may include some or all of the following:

- your medical history
- a blood test
- your blood pressure
- your weight
- an x-ray
- a heart tracing (ECG)

Please bring with you any medications you are taking, in their containers. If you take warfarin, aspirin or any other blood thinning drug you should stop taking it a few days before your operation. Tell the nurse if you have diabetes or any allergies.

Note - the operations will not go ahead if the medical check-up has not been done. Remove any hand jewellery and nail varnish before you come into hospital.

On the day of your operation

Please go to the main reception on the date and time given in your appointment letter, you will be directed to your ward.

A nurse will check you in and you will be given a gown to change into.

Your surgeon will see you and ask you to sign a consent form to confirm you understand the procedure and agree to go ahead with it. This may happen earlier at the medical check-up. The relevant hand/finger will be marked, the anaesthetist will see you to discuss your anaesthetic.

Please ask any questions you have about the procedure after which you will be taken to the operating theatre.

The operation

- You will usually have a general anaesthetic and be asleep throughout.
- The surgeon will make a zig zag cut in the palm of the hand, over the thickened bands of tissue and into the finger if necessary.
- The aim of the surgery is to release the tight bands and remove the diseased tissue.
- The cut is then stitched up, which, being zig zag, allows for the finger to be stretched out more easily.
- Local anaesthetic may be injected into the area to make sure that you have no pain on recovery. It will remain numb for up to ten hours following the operation.
- A dressing and bandage will be put over the finger/s and hand with a splint to keep it in a good position.

After the operation

On recovery you will return to the ward. Your hand will need to be kept raised in a high sling, if you are in any pain please do not hesitate to ask for painkillers.