Treating Dupuytren contracture

Many people are not affected too much by having Dupuytren. If you can do the things you want to do with your hands, you may not need any treatment. But if you've had a Dupuytren contracture, or are over 50 and have a family history of it, it would be a good idea to stop smoking and cut back on alcohol to reduce the chances of getting it. Splints, exercises, hand therapy or steroid injections don't seem to change how bad it gets, or how quickly it does so. However, if it affects how your hand works, you will need treatment. Surgery is the traditional treatment, but more recent procedures, which can be done in a day clinic, are becoming more popular.

**Needle aponeurotomy**

This is also called needle fasciotomy (fas-e-ot-o-me). A sharp needle is used to cut the cord that pulls your finger bent. This is done under local anaesthetic injection (which just numbs the part of your hand being treated). It is suitable for some types of Dupuytren contracture. People recover more quickly from this procedure than they do from surgery. However, not all contractures can be treated this way, and in some people they come back more quickly than they do after surgery.

**Surgery**

If you can't use your hand easily, you may need surgery. Whether your doctor recommends surgery depends on several things, including what angle your finger is bent to. The aim of the surgery is to help your hand work better, and to stop it getting worse. You will be able to get publicly funded surgery only if your Dupuytren contracture severely affects you. Talk to your GP about whether you should be referred to a surgeon.

Several different operations are possible. Your surgeon will discuss which one is best for you. The most common operation is called a limited fasciectomy, or a partial fasciectomy. In this operation the surgeon removes only the tissue that looks diseased. The wound is then stitched up, and your hand is padded and bandaged. You can ask your surgeon to draw a picture of what scars to expect. The operation can be done by putting you to sleep with a general anaesthetic, or with only your arm being numbed (anaesthetised). This is called an axillary arm block. Your doctor will talk to...
you about which is right for you. Most people go home on the same day as their surgery and don't stay in hospital overnight.

If you are being treated by the Plastic Surgery Department, you will be admitted either to the Day Stay Unit at Christchurch Hospital or Minor Surgery at Burwood Hospital. If you are being treated by the Orthopaedic Department you will be admitted to the Admitting Unit at Burwood Hospital.

Risks and complications of surgery

All surgery has some risk, and it's important to talk to your surgeon about this before you decide if you want an operation. Tell them about any problems you have had with operations or healing, including reactions to medicines. The risks below are not the only risks but are the most common or most serious ones.

Specific risks of Dupuytren surgery

The Dupuytren contracture could come back. This happens in more than 20% of people, and mostly it happens some years after surgery. Usually it's not as bad as before the operation.

However, if you have an aggressive form of the disease it can come back quite quickly. If this does happen, it's best to get it treated sooner rather than later.

The blood vessels or nerves that supply your finger might be damaged. Sometimes the skin that has been cut doesn't heal well or can die (this is called flap necrosis), which means you could take longer to heal. You may even need a skin graft.

It's common to have a stiff finger after the surgery. Sometimes the surgery doesn't totally fix the Dupuytren contracture, and sometimes the scar can tighten or contract, pulling your finger back into a bent position. Very occasionally people need to have the finger amputated.

You might also develop a condition called complex regional pain syndrome (also called reflex sympathetic dystrophy) after hand surgery. This can cause ongoing pain and swelling in your hand, which can last a few months, or occasionally be permanent.

General surgical complications

- Your wound may get infected, in which case you will need antibiotics.
- You may get excessive swelling or bleeding, or a haematoma (blood pooling outside your blood vessels) that may need draining.
- Your wound may take longer than usual to heal.
- You may get what are called hypertrophic scars. These are tender, woody and thicker than normal scars.
- You may have an allergy or a reaction to the anaesthetic, which, rarely, can be life-threatening.