Dupuytren’s Contracture

Dupuytren’s contracture is a thickening of the fascia beneath the skin in the palm of the hand or fingers, which may result in fixed flexion deformities of the affected fingers. It comes on gradually and is not related to trauma. Sometimes there is an inherited tendency and in rare cases there may be associations with other conditions like high alcohol intake or some antiepileptic medications. Often there are no particular associations or risk factors. If the fingers start to curl up with the contracture, then surgery may be indicated.

**Surgery**

- Usually a day case under general anaesthetic
- The thickened tissue is excised through zig-zag incisions.
- A padded dressing is applied.
- After surgery, the hand should be elevated frequently over the first few days, on pillows while resting and in a sling when up. This is to reduce swelling.
- The dressings are usually left in place until removal of the skin stitches at around 11 days post-op.
- After suture removal, there may be a role for hand therapy.
- Periods of splintage to maintain extension, range of movement exercises and treatments to soften scar tissue may be useful depending on the severity of the contracture.

**Risks of Surgery**

- These include the general risks of surgery, and risks more relevant to the procedure. The latter consists of digital nerve injury, wound healing problems and recurrence of contracture tissue.
- The digital nerves and blood vessels which supply sensation and blood supply to the fingers are intimately associated with the contracture tissue. This tissue must be teased off these structures to be excised. If a digital nerve is cut there is numbness and loss of sensation in the finger. This is uncommon.
- In time there may be gradual recurrence of some contracture tissue, and occasionally revision surgery is required, usually several years later.

**Return to Work Guidelines**

There is quite a range in the severity of the condition treated, therefore a range in the recovery timeframes. Usually sedentary duties can be performed with the hand bandaged 4 or 5 days from surgery.

Light 2 handed duties by 2 weeks post op and medium gripping 4 – 6 weeks post op, depending on progress.