

Dupuytren's fasciectomy

What is Dupuytren's disease?

Dupuytren's disease is a condition where scar-like tissue forms just beneath the skin of your fingers and the palm of your hand. It mainly affects the ring and little fingers. Over time, this fibrous tissue can contract and force one or more fingers to curl up into the palm. This is known as Dupuytren's contracture.

Are there any alternatives to a Dupuytren's fasciectomy?

Your surgeon may be able to perform a needle aponeurotomy. This involves cutting the bands in your hand using a needle and a local anaesthetic, and avoids making a larger cut on your skin.

Dupuytren's contracture can be treated by injecting Botox or collagenase into the bands of tissue but this is a new treatment and it is unclear how effective it is.

What does the operation involve?

The surgery can range from simply cutting a fibrous band in the palm of your hand to removing all the affected skin and replacing it with skin grafts.

How can I prepare myself for the operation?

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

What complications can happen?

General complications of any operation

- bleeding
- infection of the surgical site (wound)
- allergic reaction to the equipment, materials or medication
- chest infection

Specific complications of this operation

- injury to an artery in your finger

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- incomplete correction of the Dupuytren's contracture
- return of Dupuytren's disease
- stiffness of your finger joints
- numbness in your fingers operated on
- wound-healing problems
- severe pain, stiffness and loss of use of your hand

Consequences of this procedure

- pain
- scarring

How soon will I recover?

You should be able to go home the same day.

You will have a bulky dressing / slab for initial two weeks. It is recommended to continue active finger and hand movements.

Your surgeon may arrange for you to have a splint to wear on your hand at night, and some physiotherapy to help get your fingers moving again.

It is also important to exercise your shoulder and elbow gently to prevent stiffness.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

It can take some time for your hand to settle.

Your fingers may curl up into your palm again in the future.

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