

Dupuytren's disease



What is it?

This is a hereditary condition whereby abnormal fibrous tissue is deposited, usually within the palm and fingers. Initially this consists of nodules or skin pits. This early stage can be painful.

At a later stage the nodules coalesce to form a fibrous cord which contracts. This is what causes the deformity and limitation of movement within the digits.



How is it diagnosed?

Dupuytren's disease is diagnosed on the basis of the history described above, and by clinical examination. Special tests are not usually required.



What is my approach to treatment?

Nodules and mild contractures can be left untreated as they are not dangerous and hand function may be acceptable. In more severe cases surgery is the only reliable proven long term treatment.



What does an operation involve?

Surgery is normally carried out as a day case under general anaesthetic. A tourniquet is applied to the upper arm, similar to a blood pressure cuff. This provides a clear view of the operative field for surgery.

Incisions are made within the palm and digits overlying the diseased area. Enough fibrous tissue is removed (fasciectomy) in order to allow maximal correction of the deformity, and minimise disease recurrence. It is not possible, or desirable, to remove all the fibrous tissue from the palm.

Adjacent nerve and blood vessels need to be protected throughout the procedure. Sometimes these are intimately involved with the fibrous tissue and therefore a more limited release has to be accepted.

At the end of the procedure the tourniquet is released, bleeding is controlled and the skin closed with non-absorbable sutures.

A long acting local anaesthetic injection is then administered to provide pain relief. Finally, a dressing, bandaging and splint are applied.



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What is the recovery period?

Once the local anaesthetic has worn off, normally 6 to 8 hours, simple analgesics and anti-inflammatory tablets may be used for pain.

The hand should be kept elevated as much as possible during the first week after the operation. A high arm sling may be useful for this purpose.

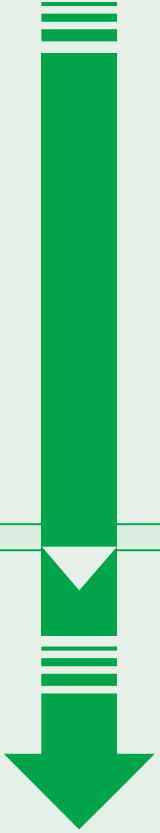
Bandaging is reduced around 7 days. Sutures are removed in the clinic after two weeks. It should then be possible to wet the hand. Prior to this it's possible to shower by keeping the extremity dry with a plastic bag secured over the limb using an elastic band or a purpose made shower cover.

Hand therapy and the use of a splint is usually required and may be needed for 6-8 weeks in severe cases.

Most pain and swelling will have settled within four weeks after surgery.

Driving is usually possible after 3 weeks.

When a patient is ready to return to work depends on their specific job role and may also vary from individual to individual. It may be possible to return to light keyboard work after two weeks. Heavy manual work should be avoided for 3 to 4 weeks.



Are there any possible complications?

Over 90% of patients are satisfied with the final result. However, as with any treatment, there are always risks involved: Infection: 2%, Chronic regional pain syndrome: 2-5%

Nerve injury: 1%

Recurrence is difficult to define and varies. This can be discussed at your first consultation.

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