

Hand Therapy Department

Dupuytren's Fasciectomy (Professor M IMAM)

Overview

You have been given the following information because you have had or are going to have surgery for the Dupuytren's which has progressed in your hand. This is a condition that affects the soft tissue layer known as the 'fascia' in the palm of your hand. As the Dupuytren's progresses it can cause nodules and chords in the palm and flexion contractures of digits.

Indications:

Surgical management is indicated when the flexion deformity is 30 degrees or more and impacting on function. The surgery itself aims to remove as much of the Dupuytren's tissue as possible to improve the extension and mobility at the affected digits. Some people also require a skin graft; your surgeon would have informed you about this plan prior to the surgery.

Expectations:

You should regain functional range of motion within 3 weeks post-surgery and strength at 6 weeks when following your post-surgery plan. However every person is different and this may vary depending on wound healing and presence of other potential complications.

Driving

After having hand surgery, we recommend you do not drive for 6 weeks and that you are able to make a good fist and have sufficient grip. Your therapist will check this for you regularly throughout your treatment.

Work and sport

When you'll be able to return to work depends on the nature of your job and the type of operation you've had. If you do heavy manual work, you may not be able to return to work for six weeks after having a skin graft, or until the graft is healed. If you work in an office, you may be able to return to light duties a few days after having a Fasciectomy. The same advice applies to sport.

Complications:

As with all surgeries there are possible complications however if you are otherwise fit and healthy these risks are low. Complications may include infection, haematoma, reduced sensation in affected digit, extreme pain (CRPS), and stiffness.



The following is a guide to your post-operative care in the hand therapy department:

Post-op period	Treatment
7-10 days post op 1 st treatment.	<ul style="list-style-type: none"> • Remove bulky dressing • Wound care • Fabricate night splint to be worn for 3 to 6 months • Wrist active/passive ROM • Differential tendon gliding and isolated joint flexion
2- 6 weeks	<ul style="list-style-type: none"> • Re-mould splint as required • Therasponge exercises and any other appropriate exercise progression (exercise caution if graft; will require longer to heal) • Extension exercises (passive/intrinsic as appropriate) • Wound care / Begin scar massage if wound healed • Retrograde massage to affected fingers if swelling present
6-8 weeks	<ul style="list-style-type: none"> • Re – mould splint as required • Progress strengthening • Continue with scar massage • Return to work • Check grip strength • May return to driving if able to make full fist and has sufficient grip strength
12 weeks	<ul style="list-style-type: none"> • Return to all normal activities

Splint Position:

A hand based splint immobilising the operated digits in maximum extension without excessive force will be fabricated for you in the hand therapy department. This is to prevent the healing scar tissue from becoming tight and behaving like the Dupuytren's did. This will be for night use only however it is advised you wear this for 3-6 months post-surgery while scar tissue is maturing.



Scar Massage

You can start scar massage as soon as the wound is healed. Scar massage helps to soften the scar tissue which can sometimes adhere and limit movement. It is important to complete scar massage 3 times a day with a cream such as E45 or any non-perfumed cream, for a persistent 5-10 minutes. You can also purchase a mini hand massager; this is not necessary but can often be of benefit to assist with the scar massage. Your therapist will advise on what technique is most suitable for you.

Home Exercises

These are important to improve function and help with the swelling of the effected fingers. You will get the best outcome after you surgery if you are able to complete your exercises 4 times a day every day. Your therapist will provide you with the most suitable one's for you.

Recurrence

Surgery can help improve hand function in people affected by contractures, but it doesn't stop the process that caused the contracture to develop in the first place. Therefore, there is a chance the condition may return in the same place, or it may reappear somewhere else after treatment.

Recurrence is more likely to occur in younger people, people who had a severe contracture and those with a strong family history of the condition. The chances of the condition returning after surgery also depend on the specific procedure you had. Dupuytren's contracture recurs in more than half of people who have a type of minor procedure called a needle Fasciotomy, but only 1 in 3 people who have a Fasciectomy. A Dermofasciectomy (with a graft) is associated with the lowest risk of recurrence, with the condition reappearing in less than 1 in 10 people after the procedure.

Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty. If they cannot resolve your concern, please contact our Patient Experience Team on 01932 723553 or email asp-tr.patient.advice@nhs.net. If you remain concerned, the team can also advise upon how to make a formal complaint.

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We can provide interpreters for a variety of languages, information in larger print or other formats (e.g. audio) - please call us on 01932 723553.



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