

Post-operative rehabilitation protocol

Dupuytren's fasciectomy

Removal of the thickened cords in the palm and finger, to let the finger straighten. For patients, hand therapists, and GPs.

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The plan at a glance

The cords are removed through a zigzag wound. The finger moves from the first days. Keeping the finger straight over the following months depends on exercises, scar care, and a night splint if your therapist advises one.

	Phase 1 Weeks 0 to 2	Phase 2 Weeks 2 to 6	Phase 3 After 6 weeks
Dressing	Bulky dressing, reduced by the hand therapist in the first week	Light dressing until healed. Night splint if advised	Night splint for 3 to 6 months if advised
Movement	Full fist and full straightening, every hour	Full, with stretches and scar massage	Full
Load	Light use only	Up to 2 kg. No heavy grip	Progressive grip strengthening
Review	Hand therapy in the first week. Stitches out at 2 weeks	Hand therapy. Clinic at 6 weeks	Discharge when straight and supple

Darker shading means tighter restriction. Times are guides. Your surgeon's instructions take precedence where they differ.

Seek advice urgently if

- A fingertip becomes white, blue, or cold, or stays numb after the anaesthetic has worn off.
- A wound becomes red, hot, or swollen, or it leaks or opens.
- You have a fever or feel unwell.
- The whole hand becomes swollen, stiff, shiny, and burning.
- The dressing or splint feels too tight.

Call 999 or go to the Emergency Department for shortness of breath or chest pain.

For anything else on this list, contact your surgical team the same day. Out of hours, call NHS 111.

Phase 1

Protect and move: weeks 0 to 2

Aims: control swelling, keep the finger moving, let the wound heal.

Do

- Keep the hand raised above the heart for the first 48 to 72 hours.
- Attend hand therapy in the first week. The dressing is reduced, and a splint is made if needed.
- Make a full fist, then straighten every finger fully, ten times every hour.
- Bend each joint of the operated finger in turn (tendon gliding).
- Use the hand for light tasks: eating, dressing, typing.
- Keep the wound clean and dry. Part of it may be left open to heal on its own.
- Take pain relief regularly as prescribed.

Avoid

- Heavy gripping.
- Pressure on the palm: tools, walking sticks, pushing up from a chair.
- Soaking the wound.
- Dirty or wet work.
- Forcing the finger straight against a tight wound.

Expected in this phase

The palm and finger swell and bruise. The fingertip can tingle or feel numb on one side, because the nerves were lifted off the cords. This usually recovers over weeks.

Phase 2

Recover: weeks 2 to 6

Aims: soften the scar, keep the finger straight, build light grip.

Do

- Massage the scar firmly with plain moisturiser, several times a day, once the wound has healed.
- Stretch the finger straight: flat on a table, or pressed gently with the other hand.
- Keep making a full fist. Bending matters as much as straightening.
- Wear the night splint as your therapist advises.
- Start grip work with soft putty from week four.
- Return to light work.

Avoid

- Lifting more than 2 kg.
- Heavy or repetitive gripping.
- Vibrating tools.
- Leaving a finger that is pulling back down. See your therapist early.

Move on to Phase 3 when

The wound has healed, the scar tolerates pressure, and you can make a full fist.

Phase 3

Strengthen: after 6 weeks

Aims: full grip, full work, a finger that stays straight.

- Build grip with firmer putty or a gripper.
- Return to heavy manual work at six to eight weeks.
- Keep massaging the scar until it is soft and flat.
- Keep the night splint going for three to six months if advised.

What to expect

The scar is firm and lumpy for three to six months. The middle joint of the finger often does not come fully straight if it had been bent for a long time. The condition can return in the same or other fingers over the years.

Return to activity

Typical times from surgery. Each depends on comfort, movement, and healing.

Activity	From	Condition
Desk work	1 to 2 weeks	Light typing only at first
Driving	2 to 3 weeks	Able to grip the wheel firmly without pain
Swimming	3 weeks	Wound fully healed
Light manual work	4 weeks	Within the 2 kg limit
Gym, golf, racket sports	6 weeks	Comfortable grip
Heavy manual work	6 to 8 weeks	Scar tolerates pressure
Climbing	8 to 12 weeks	Full strength

Changes to the protocol

Your surgeon will tell you which operation was done and whether any of these apply.

- **Skin graft (dermofasciectomy).** The hand rests in a splint for one to two weeks until the graft takes. Movement then starts. The graft and the donor site on the arm need dressings and, later, moisturiser and sun protection.
- **Release of a stiff middle joint.** A splint is worn day and night at first. Therapy continues for three months or more.
- **Needle release without a wound.** A plaster is all that is needed. Normal use returns within days. A night splint may still be advised.
- **Repeat surgery in the same finger.** The risk to the nerves and blood supply is higher and recovery is slower.
- **Smoking and diabetes.** Both slow healing. Stop smoking and vaping nicotine. Keep blood sugar well controlled.

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This protocol is general guidance for uncomplicated limited fasciectomy for Dupuytren's disease. It is not a substitute for individual medical advice. Instructions from your own surgeon and therapist take precedence.

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