

Patient information

Dupuytren's Contracture

Therapies Department

Dupuytren's contracture is a common condition, it classically presents as a flexion contracture of fingers. It predominantly occurs in the ring and/or little fingers. Generally appears later in life, (fifth decade for men, sixth decade for women).

It affects more men than women, (7:1) and may run in families.

The exact cause of the contracture in the palmar fascia (a sheet of tough tissue underneath the skin) is not known, but is related to your genes.

The first evidence of the condition is usually the appearance of a nodule in the palm near the base of the affected finger(s). This may progress to become a fibrous band running from finger to palm which gradually draws the finger down into a bent position and straightening of the finger is no longer possible.

- The process is not malignant.
- It does not involve the tendons.
- Rarely painful.
- Recurrence of the problem following surgery is fairly common, but continuing therapy will help to maintain surgical gains.
- Injury may accelerate the condition if you are prone to developing it.
- Often a family history.

Surgery

The aim of surgery is to restore hand function but not to cure the disease. A zigzag or open palm incision is made in the palm and/or the finger(s), and the affected tissue removed.

If your finger had been contracted for a long time, or the contracture was fairly severe, it may not be possible for the surgeon to regain full straightening of your finger(s).

Following surgery it is essential that you attend for regular outpatient hand therapy treatment involving physiotherapy/occupational therapy.

Aims of post-op therapy

- To improve/restore maximum hand function.
- To maintain extension (straightening) obtained in surgery.
- To regain flexion (bend) whilst maintaining extension.
- To encourage wound healing.
- To soften the surgical scar.
- To prevent complications.

It is important that you keep your hand elevated following surgery, to help to prevent any complications developing due to excess swelling.

You will be required to modify your functional activities immediately post-op. (It is not recommended that you drive, use operated hand for gripping etc. or go on holiday until your wound is fully healed).

If you have any concerns about how you will manage at home following your surgery, please speak to a member of the hand therapy team.

Wound care

The clinic and your Occupational Therapist/Physiotherapist will monitor your wound. It is important to keep your dressings dry and clean to prevent infection. If you have any concerns regarding your wound between treatment sessions, contact your therapist who can arrange to see you before your planned appointment or attend the Emergency Department (A&E) or walk in centre if out of therapy hours.

Nutrition plays an important part in wound healing. Wound healing is encouraged with a good varied diet. As your hand will be “out of action” after your surgery you may want to make arrangements for some help with cooking etc.

Splintage

In order to gain the most from your operation, a moulded night splint will be fitted, holding your finger(s) as straight as possible. You will need to wear this at night for at least 24 months. The aim of the splint is to try to reduce the risk of contracture recurring:

- Wear your splint as advised by your therapist.
- Your splint, cotton lining and strapping can be washed by hand in lukewarm soapy water as necessary. Dry at room temperature.
- If you find your splint uncomfortable, or it causes pressure or marks your skin, please contact your Occupational Therapist.
- Please bring splints with you to each appointment (as your hand improves your splints may need to be altered).

Exercises

Exercises will be encouraged to regain as much movement as possible in the fingers (a separate exercise leaflet will be given to you).

It is very important, if you have any pain, that it is adequately controlled to allow you to perform your exercises. Discuss with the ward staff, your family doctor (GP) or your therapist.

Scar massage

Scar massage and stretches will be taught when appropriate and must be continued daily for up to 18 months after your surgery (a separate leaflet will be given to you).

Effects of smoking on wound healing

There are many factors in cigarette smoke that may affect wound healing:

Nicotine: causes blood vessels to constrict, which reduces blood flow to skin. Blood flow is required for tissue healing. It has been reported that smoking one cigarette can reduce the flow for 50-90 minutes.

Carbon monoxide: competes with oxygen in the blood stream, decreasing the oxygen available. Oxygen is needed for wound healing.

Hydrogen cyanide: inhibits chemicals needed for oxygen transport in cells.

Smoking is an appetite depressor, and can decrease the availability of essential vitamins for wound healing.

If possible try to stop smoking or cut down for three weeks before and after surgery.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further Information

Hand Therapy Department

Royal Liverpool Hospital

Tel: 0151 706 2760

Text phone number: 18001 0151 706 2760

Broadgreen Hospital

Tel: 0151 282 6276

Text phone number: 18001 0151 282 6276

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