
DUPUYTREN'S CONTRACTURE

Dupuytren's Contracture is a genetic condition (thought to relate back to Viking ancestry) that causes the fascia or tissue lining under the skin to shorten. The most common site is the palm of the hand when it produces puckering of the skin and bending or clawing of the fingers, especially the ring and little finger. However, it can occur in other parts of the body such as the wrists or feet. There is usually a close family history of its occurrence. The condition is usually painless but may be sore and itchy to begin with and then become painless. It may progress until the fingers are completely flexed.

Diagnosis is based on your history and on examination of your hand. When you are unable to flatten your fingers and the palm of your hand onto a tabletop surgery should be considered. The worse the condition is before surgery the more difficult it is to straighten the fingers after treatment.

SURGICAL TREATMENT

Surgery involves excision of the affected tissue taking care to preserve the nerves and tendons that are sometimes surrounded by the affected tissue. A zigzag cut is made from the middle of your palm towards the affected fingers through which the surgery is performed.

AFTER CARE

- Usually people go home on the day after surgery.
- A bulky dressing is applied to the wound and a half cast applied to your hand to prevent you from moving your wrist and fingers, which would put stress on the stitches. This usually remains intact until you see your surgeon again. If the dressing feels tight it may be loosened carefully.
- As hand and finger movement is restricted you will require some assistance dressing, feeding, and attending your hygiene needs until the dressings are removed.
- Keep the bandage clean and dry. Use a securely taped plastic bag over your hand when showering.
- Keep the arm elevated as much as possible in the first week to reduce swelling and pain. Pain control tablets may be needed in the first few days. Discomfort may persist for 3 weeks.
- You can return to sedentary office work after about 2 weeks or manual work after about 6 weeks.
- You should not drive a car until you are able to safely grip the steering wheel in an emergency situation.
- An appointment will be made for you to see your surgeon in his clinic one week after your surgery. At this time the dressing will be removed and the wound checked.
- A Hand Physiotherapy appointment is required soon after the removal of the dressing so that a splint can be made that is worn at night for 6 months. The sutures may be removed at the physiotherapy appointment or another clinic appointment will be made for you.

COMPLICATIONS

There are always some risks with any surgery. These include:

- The possibility of infection. This is low and antibiotics are usually given during surgery to reduce the risk even more.
- Damage to surrounding nerves and blood vessels.
- Bleeding around the wound.

- Deep Vein Thrombosis (DVT). This risk is low unless you have had a DVT or have a family history of this. Please inform your doctor if this is the case.
- A rare but possible complication is called Reflex Sympathetic Dystrophy, the exact cause of which is not known. The symptoms include severe burning pain in the whole limb, swelling, acute sensitivity to touch, muscle spasms and sweating. These symptoms can last from 6 to 18 months and may not fully resolve.

Specific risks for this surgery are:

- Damage to the nerve supply to the fingers.
- Damage to the tendons in the fingers.
- Stiffness in the hand and fingers.
- Recurrence of the condition.

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