

# Patient Information Sheet

## Dupuytren's



DR NEIL MEULMAN

Oncoplastic Breast & General Surgeon

M.B.,B.S.(Syd), F.R.A.C.S. Provider No 595953L

*Dupuytren's contracture is a condition of unknown cause in which the palmar fascia or protective tissue lining underneath the skin in the palm and fingers becomes thickened and contracts. As a result, this tissue shortens and may cause puckering of the skin or limit the ability to straighten the finger.*

### Layers in the Palm?

The condition is seldom painful, but if it is, it should be checked. A similar condition may be present on the sole of the foot in some people, and rarely may involve other parts of the body. The condition is not a cancer and does not involve the finger tendons. It is a very **unpredictable condition** in both its natural history and also its response to treatment.

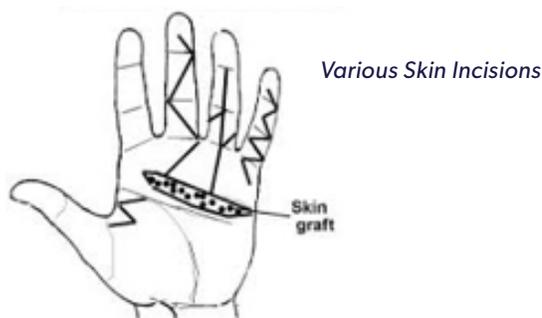
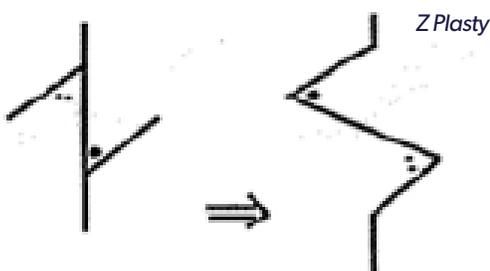
### Cause:

Predisposition	Other Factors which can hasten the disease in a predisposed individual
» The condition may run in families.	» Diabetes
» It is most common in people of Anglo-Saxon origin.	» Alcohol
» It is very common in Australia affecting 7% of the population over the age of 70.	» Smoking
	» Epilepsy
	» Some Drugs
	» High Cholesterol
	» Work is not generally regarded as a factor in its development.

### Indications for Treatment

Treatment is not indicated unless the contracture has caused limitation of finger joint movement. This can easily be tested by what is called the **"table top test"**.

If the hand can be placed completely flat, palm and fingers down on the table, then the test is considered negative and no surgery is indicated. If the fingers or palm cannot be placed completely flat on the tabletop, then the "tabletop test" is considered positive and surgery **may** be indicated for the affected finger.



If you have the condition on you “table top test” is currently negative, you should check this yourself from time to time because the condition can change over the years. If the “table top test” changes from negative to positive, then you should be re-examined by your doctor. The rate of progression of the condition is very unpredictable. Occasionally Dupuytren's Nodules may be painful. These may respond to 3 Cortisone injections into the nodules over a period of 2-3 months.

### **Surgery**

Treatment involves surgically removing the Dupuytren's tissue. Approximately **10%** of patients get a poor result from Dupuytren's surgery. Surgery is therefore **not entered into lightly**.

### **Nerve Damage**

Sometimes the nerves are surrounded by the Dupuytren's tissue and they must be very carefully dissected from the abnormal tissue. Occasionally there may be a loss of feeling in the fingers as a result of surgery so close to the nerve. This is usually temporary.

### **Incomplete Correction**

The more bent the finger before treatment, the more difficult it will be to get the finger completely straight with treatment. This is especially true for the middle (P.I.P) joint of the finger. At the completion of treatment **it is far more important to be able to make a full fist than to get your finger fully straight**. Sometimes a small amount of residual bend is accepted at surgery rather than risking more scarring in an attempt to get the finger completely straight. If the contracture has been present for a long period of time, then the joint itself may have become stiff and surgery may be necessary within the joint. Sometimes metal pins may be used to hold the joint straight for a short period of time after the operation. If a full correction has not been achieved at surgery then splints may be required at night to improve the final correction. These splints are made by a hand therapist.

### **Healing Problems**

In order to remove as much tissue as possible the skin must be left somewhat thin. Occasionally a flap of skin may die. If this happens, then the wound will heal gradually with dressings of a skin graft might be necessary. It may not be possible to straighten out the finger all the way because the blood vessels have shortened and when the finger is straightened out completely, circulation to the fingertip is cut off. In this case, the finger must be left slightly bent and the additional straightening obtained gradually after surgery, with physiotherapy. The dark areas around the wound edges seen at 10 days after the surgery are not uncommon. This skin often peels to leave normal skin underneath.

Sometimes the skin of the palm may not be sewn closed, in order to reduce tension which might interfere with blood circulation in the skin. In this situation, the skin is allowed to heal gradually on its own over a period of weeks. The **“open palm technique”** does not interfere with the therapy after surgery and the scar which results after healing is usually no different from one left by a wound that is sutured.

The purple thickened areas along the line of the scar seen at 4 weeks will flatten with a silicone pad provided by the hand therapist. A skin graft was applied in this case.

### **Stiffness**

After surgery, hand therapy is sometimes necessary to regain the flexibility of the fingers. In approximately 10% of patients the hand will become stiff and swollen and it may take several months to regain the bending ability of the fingers.

### **Progression/Recurrence of Dupuytren's Disease**

Although the surgical removal of diseased palmar fascia tissue for Dupuytren's contracture is usually successful in improving the ability to straighten the fingers, in some people who have had a rapid progression of the condition initially. If the condition reoccurs, it may be possible to remove it again by a similar operation, or it may be necessary to remove the overlying skin as well and replace it with grafted skin. Occasionally surgery in one part of the hand can trigger the disease in another part of the hand.

For these reasons, surgery is recommended only when the benefits of surgery outweigh the risks.