

Orthopaedic and Sports Injuries Services "OASIS"
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Dupuytren's Disease

Dupuytren's disease is a nodular fibromatosis. It most commonly occurs in the palmar fascia in the hand but may also occur in the plantar fascia. It is also associated with Peyronie's disease. At the present time, there is no known conservative treatment that is effective.

GP Assessment

Surgery involves excising the diseased portion of the palmar fascia. Surgery performed at too early a stage can precipitate the disease spreading to other areas of the hand. If contractures develop to a significant degree, then it is impossible to guarantee complete correction.

A simple assessment is the **palm-on-the-table test**. As long as the patient can place the hand on the table so that the palm remains in contact with the table, no active treatment is required. As soon as a contracture develops preventing the palm reaching the table, the patient should be referred for consideration of surgery before the contracture becomes severe.

Plantar Dupuytren's never causes contractures of the toes and in view of the high recurrence rate, surgery should be avoided as long as possible. The only indication for surgery is pressure problems arising from the size of the swelling.

When to refer for consideration of surgery

Patients should be referred for consideration of surgery as soon as any contracture becomes evident, or if it progresses quickly. Occasionally pain may be an indication to refer.

In the elderly, occasionally it may be acceptable to consider a simple division of the Dupuytren's band to try and improve hygiene of the hand.

When not to refer

When pre-existing medical conditions preclude surgery.

Advice to patients

Patients should be advised that surgery would involve excision of the band of the diseased tissue. This is a delicate and often prolonged operation, which in this unit is rarely undertaken as a day case. The operation is routinely performed under a general anaesthetic and the patient will be in hospital 24-48 hours – some possibly as a day case.

Perioperative routine

- 1) The patient will be seen in the pre-admission clinic approximately 2-4 weeks prior to admission.
- 2) The patient will be admitted on the day of surgery
- 3) 24-48 hours post-operatively, their dressings will be reduced and the wounds inspected. At this time, night splints will be made and the patient discharged.
- 4) The patient will be seen in the physiotherapist department 5 days post-operatively when they will commence mobilisation in silicon oil.
- 5) Sutures will be removed at approximately 2 weeks post-operatively and they will be followed in the clinic.
- 6) The night splint will be worn for 3 months post-operatively.

Risks

The patient should be warned of the following risks:

- 1) Delayed wound healing.
- 2) Possible wound infection.
- 3) As the disease may occur in any part of the palmar fascia, there may be either recurrent disease or disease in other areas in the hand developing.

If you are interested in making an appointment to discuss a treatment, please click here to [contact us](#), or telephone 01215807406

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