

Repair of Dupuytren's contracture *(page 1 of 3)*



If you need your information in another language or medium (audio, large print, etc) please contact Customer Care on 0800 374 208 or send an email to: customer-care@salisbury.nhs.uk

You are entitled to a copy of any letter we write about you. Please ask if you want one when you come to the hospital.

Please complete The Friends & Family Test to tell us about your experience at: www.salisbury.nhs.uk/FriendsFamily or download our App from the Apple App store or Google Play Store.

The evidence used in the preparation of this leaflet is available on request. Please email: patient.information@salisbury.nhs.uk if you would like a reference list.

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Dupuytren's contracture causes thickening of tissues in the palm. If it progresses, one or more fingers bend (contract) into the palm and you cannot straighten the finger(s). The cause is not known. In many cases it remains mild and does not require treatment. If the condition becomes severe or the function of the hand becomes affected, then a specialist may recommend an operation.

This operation is carried out under a local anaesthetic or under general anaesthetic.

Before the operation please make sure you remove any rings or bracelets because if your hand swells after the operation these can restrict circulation.

This operation is a treatment, not a cure for this condition and it can come back again.

Are there any complications of surgery?

There may be some temporary or permanent **nerve damage**, but this does not usually affect the function of the hand.

Sometimes it may be necessary to use a **full thickness skin graft** in the palm to repair the wound. The skin graft is taken from further up the arm which gives a better result than other types of skin grafts. If you have not already been given an information sheet about skin grafts, please ask for one. A skin graft can occasionally fail due to bleeding and haematoma (collection of blood) under it.

Deep vein thrombosis (Venous Thromboembolism - VTE) This is caused by a blood clot forming in the leg veins. To help prevent this you will be encouraged to be up and about as soon as possible after the operation. Blood clots are a serious complication and if a clot breaks away from the vein in the leg it can travel to the lungs and cause a pulmonary embolism which can be fatal. To help prevent this happening you may be given a small injection of a blood thinning medicine every day. This makes your blood take slightly longer than normal to clot which reduces the risk of a blood clot forming.



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Infection and wound breakdown are very unusual with this surgery because the hand is left wrapped up in a dressing for at least a week, so giving the hand a good chance to heal. If there is infection you will notice some redness on the stitch line, your hand will become very painful and your fingers will swell up. An infection can usually be treated with antibiotic tablets.

Complex Regional Pain Syndrome (CRPS) is a very unusual complication of this surgery. It involves the nerves and normal hand function and can be very painful.

Before the operation

You may be asked to come to the pre-admission clinic where the operation will be explained to you and your queries answered. You will also have a full health check and various tests.

On the day of the operation

On the day of the operation you will be asked to come to the Surgical Admissions Lounge where you will see a doctor who will tell you about the operation. Once you are happy that you understand what the operations entails, you will be asked to sign a consent form. You will see an anaesthetist who will discuss your anaesthetic and pain relief after the operation. Some times you will have a regional block in your arm to help with the pain. Your arm will be numb and floppy for 12-18 hours.

You will go to the operating theatre from the Surgical Admissions Lounge.

After the operation

When you return to the ward your arm will be raised in a sling to help reduce pain and swelling.

Usually you will go home the same day, if not, you will be discharged home the following morning.

Your hand will be held in a bulky dressing which may also include a part plaster slab for a week after the operation. This is to keep the hand in a good position while the wound heals.

Discomfort

You may be given pain killers to take home which you should take regularly at first. Severe or continuous pain should be reported to your doctor.

Swelling

Swelling can occur after surgery and this may be uncomfortable. It is important to prevent swelling after the operation by keeping your hand raised. Keeping the hand raised should continue for at least a week after surgery, or until your stitches are removed if they need removing. You should check the fingers of your affected hand for swelling, colour, warmth and sensation. If your fingers feel cold, numb, become discoloured or extremely swollen you should contact one of the telephone numbers below.

Scar

You will have a zigzag scar running down the finger and in to the palm. The zigzag shape prevents the scar from shrinking and affecting finger flexibility.

Outpatient appointment

An appointment to attend the Outpatient Department approximately one week after your operation to see the sister/doctor and physiotherapist will be given to you. It is very important that you attend this appointment so progress and problems that you may have can be checked and addressed. Also on that day the physiotherapist will advise you on hand/finger exercises and, in most cases, will suggest that a night splint is worn for 6 months.

Once your wound has healed you should massage the stitch line twice a day with unperfumed cream to help prevent scar tissue developing.

If you require further advice or have any problems or concerns you can speak to us at any time. Please contact:

Plastic Surgery Outpatients between 8am and 5pm on 01722 336262 ext 2352 or speak to your GP.

Burns & Plastics Unit

01722 336262 ext 3507

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