

Making a decision about: Dupuytren's contracture

What is this document?

This document is called a **decision aid**. It is designed to help you decide between **treatment options**. You should go through it and talk to your healthcare professional.

It is for people who have been told they have Dupuytren's disease. Surgery will be an option when one or more of your fingers are bent and you cannot put your hand flat on a table top, *and* you feel Dupuytren's is starting to impact your daily life.

Pages 1 – 5 should help you make a decision

Pages 6 – 8 have extra information

What is Dupuytren's?

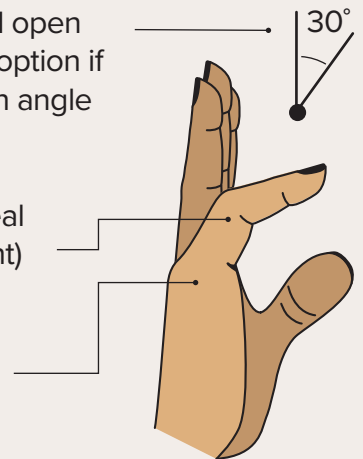
Dupuytren's affects the tissue under the skin of your palm or fingers called the fascia. The fascia becomes thicker and less flexible. Over months or years, it can make your fingers bend towards your palm. This bending is called a contracture. Dupuytren's can sometimes be uncomfortable or painful.

There is no cure yet for Dupuytren's disease. Treatment can help to straighten your fingers and may improve the use of your hand, but it does not get rid of the disease.

Needle fasciotomy and open surgery are usually an option if your finger is bent at an angle of over 30° like this

Proximal interphalangeal joint (second finger joint)

Metacarpo-phalangeal joint (first finger joint)



Progression of Dupuytren's disease

The first sign is often a small hard lump in the palm of your hand called a nodule.

Nodules may then thicken into a cord that restricts movement of the fingers.

Your treatment options:

There are several options for treatment of Dupuytren's contracture. Which is best for you will depend on your contracture and personal feelings. **Some other options for early disease are described on page 6.**

Do nothing



Needle fasciotomy



Open surgery fasciectomy



Open surgery dermofasciectomy



2 Treatment options

Do nothing



This means having no treatment. It is always your choice whether to have treatment or not. If your Dupuytren's contracture isn't impacting your daily life you might not want to have treatment. Your contracture may not get any better, but it may not get any worse. You can always decide to have a procedure later but if your finger(s) become very bent, treatment may not work as well.

Needle fasciotomy



Your hand will be numbed (using local anaesthetic) and a needle will be inserted in several places along your palm and finger. This will loosen and then snap the thick tissue which causes your Dupuytren's contracture.

It can only be carried out if your contracture is clearly visible (you can easily see the cord). A healthcare professional will be able to tell you if this applies to you.

Open surgery



Fasciectomy

Your hand will be numbed (using local anaesthetic) or you may be put to sleep (using general anaesthetic). Cuts will be made along your palm and finger and the thick tissue causing the contracture will be removed. This is the most common surgery for Dupuytren's contracture.

Dermofasciectomy

This is similar to a fasciectomy but you will also have a skin graft taken from elsewhere on the body. This is because some of the skin from your palm or finger is removed along with the contracture. This procedure is usually carried out in people under 40, people who have already had a fasciectomy in the past, or people whose skin is involved in their contracture.

When you have treatment for your Dupuytren's contracture it does not cure the disease. That means there is a chance that your Dupuytren's contracture will return after treatment. This is called recurrence. It can return to the same finger and hand or a different place. The risk of recurrence depends on your age, the severity of your disease and the treatment carried out.

Glossary of terms:

Fascia are your connective tissues

Otomy means to cut

Ectomy means to remove

3 What's important to you?

Your personal feelings are an important part of making a decision. Think about what matters most to you in this decision. On each question below, consider your answer and put a mark in the yes or no box, then talk the answers through with your healthcare professional.

Put an 'X' where it applies to you

Yes ← | → No

I struggle with daily activities
(because of difficulty gripping and clumsiness)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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I think the benefits of surgery are worth having a procedure

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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I would like a procedure even though my contracture could come back

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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If you've mainly marked no: doing nothing may be a good option.

If you've mainly marked yes: needle fasciotomy or open surgery may be worth considering.

If you have more 'yes' answers or still want to consider a procedure, complete the next three boxes.

Put an 'X' where it applies to you

Yes ← | → No

A healthcare professional has told me I am suitable for needle fasciotomy

<input type="checkbox"/>	<input type="checkbox"/>
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I don't mind a higher chance of my contracture coming back

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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I would prefer a procedure with a shorter recovery time

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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If you've mainly marked no: open surgery may be a good option.

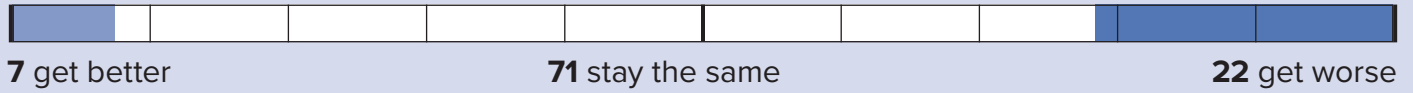
If you've mainly marked yes: needle fasciotomy may be a good option (if you are suitable).

4 Potential benefits and risks of options

Do nothing



What happens to people's **Dupuytren's disease over time (7 years)?** (Out of **100** people)



Needle fasciotomy



Open surgery



Fasciectomy

Dermofasciectomy

How much **more** are people able to **straighten** their fingers **1 week** after procedure?



People with a **44° bend** in their **first** finger joint had a **17° bend** after a needle fasciotomy.



People with a **34° bend** in their **second** finger joint had a **24° bend** after a needle fasciotomy.



People with a **42° bend** in their **first** finger joint had a **9° bend** after a fasciectomy.



People with a **34° bend** in their **second** finger joint had a **14° bend** after a fasciectomy.

We do not have figures for improvement in contracture after dermofasciectomy.

How many people's **contracture returns** within **5 years** of a procedure? (Out of **100** people)

85 people saw contracture return within 5 years of a needle fasciotomy. **15** didn't.



85 returned **15** didn't

21 people saw contracture return within 5 years of a fasciectomy. **79** didn't.



21 returned **79** didn't

8 people saw contracture return within 5 years of a dermofasciectomy. **92** didn't.



8 returned **92** didn't

How many people have **another procedure** within **10 years**? (Out of **100** people)

34 people have another procedure within 10 years of a needle fasciotomy. **66** don't.



34 do **66** don't

You can have another needle fasciotomy if your contracture comes back.

20 people have another procedure within 10 years of a fasciectomy. **80** don't.



20 do **80** don't

18 people have another procedure within 10 years of a dermofasciectomy. **82** don't.



18 do **82** don't

The risks are higher if re-operating (see next page for risks).

8 out of **100** people who had a fasciectomy after a dermofasciectomy needed an **amputation** within 3 months.

5 Potential risks of the treatments

Needle fasciotomy



Open surgery

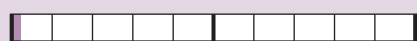


Fasciectomy

Dermofasciectomy

How many people have **long-term nerve damage** (pins and needles or numbness) in their fingers? (Out of every **100** people)

2 people have long-term nerve damage after a needle fasciotomy. **98** don't.



2 do **98** don't

3 people have long-term nerve damage after a fasciectomy. **97** don't.



3 do **97** don't

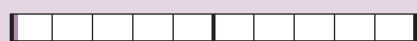
6 people have long-term nerve damage after a dermofasciectomy. **94** don't.



6 do **94** don't

How many people have **'complex regional pain syndrome'** (long-term swelling and pain in the fingers)? (Out of every **100** people)

1 person has complex regional pain syndrome after a needle fasciotomy. **99** don't.



1 does **99** don't

4 – 10 people have complex regional pain syndrome after a fasciectomy. **90 – 96** don't.



4 – 10 do **90 – 96** don't

4 – 10 people have complex regional pain syndrome after a dermofasciectomy. **90 – 96** don't.



4 – 10 do **90 – 96** don't

How many people have **short-term skin damage or wounds** that reopen after surgery? (Out of every **100** people)

20 people have short-term skin damage after a needle fasciotomy. **80** don't.



20 do **80** don't

5 people have wounds that reopen after a fasciectomy. **95** don't.



5 do **95** don't

10 people have wounds that reopen after a dermofasciectomy. **90** don't.



10 do **90** don't

How long does it take people to **recover** from the procedure?

It takes less than **2 weeks** to recover from a needle fasciotomy.

It takes **4 – 12 weeks** to recover from a fasciectomy.

It takes **6 – 12 weeks** to recover from a dermofasciectomy.

Open surgery on the hand is a major operation. Your wounds should heal within a few weeks of surgery, but full recovery time may take many months. You will need physiotherapy during this recovery period.

These procedures do have other risks but we don't have numbers for them, for example:

- risk of infection after the procedure
- risk of long-term joint stiffness after open surgery
- risk that the skin graft in dermofasciectomy won't work.

6 Other treatment options

The options on this page are for early stage Dupuytren's disease (before you have a contracture of 30°).

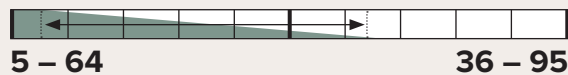
Other treatment options for early stage Dupuytren's disease

Radiotherapy

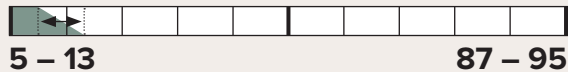
There is some evidence that radiotherapy may slow the progression of the Dupuytren's contracture in its early stages. It is rarely offered on the NHS but it is available privately, which means you would have to pay for this treatment. **One study that looked at what happened to 135 people 13 years after radiotherapy:**



Between **20** and **43** people out of **100** had **short-term red, sore or dry skin** after radiotherapy. **57 – 80** didn't.



Between **5** and **64** people out of **100** had **long-term dry skin** after radiotherapy. **36 – 95** didn't.



Between **5** and **13** people out of **100** had **long-term skin wastage** (called atrophy) after radiotherapy. **87 – 95** didn't.

There is a **very small risk** of **developing cancer** with radiotherapy, the chance of this happening is thought to be around **1 in 5,000**.

Pain relief

Some people develop painful or uncomfortable nodules on their palm or finger. There are some options that can help manage or reduce this pain.

Corticosteroids

Sometimes steroid injections can be used to treat the early stages of Dupuytren's contracture. These injections do not help with the bending of your fingers but they may help ease painful nodules on your palm or fingers.

In **97** out of **100** people, **nodules soften and flatten** after 3 injections.



In **50** out of **100** people, **nodules returned** within 1 – 3 years.



Physiotherapy

There is little evidence that physiotherapy will help slow the progression of Dupuytren's contracture. But if you are feeling pain and tension in your hand, exercises may provide some relief.

7 More information

What causes Dupuytren's disease?

The exact cause is unknown. You are more likely to get the disease if:

- you have close relatives with Dupuytren's
- you have diabetes or epilepsy
- you smoke or you drink a lot of alcohol
- you are a man.

If you are diagnosed with Dupuytren's disease you may also get disorders affecting tissue elsewhere in the body. These can affect the feet (called Ledderhose disease) or the penis (called Peyroine's disease).

How many people have Dupuytren's disease?

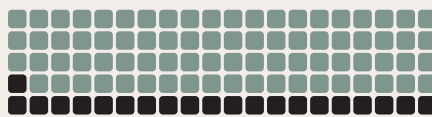
Dupuytren's disease can develop at **any age** but you are more likely to get it as you get older.

Aged 55



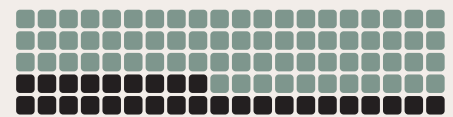
12 in every **100** people aged **55** have Dupuytren's

Aged 65



21 in every **100** people aged **65** have Dupuytren's

Age 75



29 in every **100** people aged **75** have Dupuytren's

Where can I go for more information?

NHS: <https://www.nhs.uk/conditions/dupuytren-s-contracture/>

FAQs: <https://dupuytren-s.org/faq/>

Patient Info: <https://patient.info/bones-joints-muscles/dupuytren-s-contracture-leaflet>

British Dupuytren's Society: <https://dupuytren-society.org.uk>

Where did we get our numbers from?

Page 4:

- What happens over 7 years from study of 93 people <https://doi.org/10.1302/0301-620X.103B4.BJJ-2020-1364.R1>
- Improvement in angles after surgery from a study of 113 people <https://doi.org/10.1016/j.jhsa.2006.02.021>
- Recurrence rates after 5 years for needle fasciotomy and fasciectomy from a study of 93 people <https://doi.org/10.1097/PRS.0b013e31823aea95>
- Recurrence rates after 5 years for dermofasciectomy from a study of 103 people <https://doi.org/10.1302/0301-620X.82B1.0820090>
- Reoperation rates after 10 years from a study of 121,488 people <https://doi.org/10.1038/s41598-020-73595-y>

Page 5:

- Potential risks from a review of 113 studies (20,020 people) <https://doi.org/10.1016/j.hansur.2017.07.002>

Page 6:

- Benefits of radiotherapy from a study of 135 people <https://doi.org/10.1007/s00066-010-2063-z>
- Potential risks of radiotherapy from a review of 6 studies (698 people) <https://doi.org/10.1177/1753193417695996>
- Benefits of steroids from a study of 63 people <https://doi.org/10.1053/jhsu.2000.18493>

Page 7:

- Prevalence of Dupuytren's disease from a review of 10 studies <https://doi.org/10.1097/01.prs.0000438455.37604>

8 Next steps

Once you have worked through this information you can use this space to write any questions you would like to discuss with your healthcare professional. Bring this document to your next appointment.

Contacts

Name of doctor, nurse or specialist	What are their contact details
.....
Contact details of hospital transport (if applicable)	
.....	

Next steps

What will happen to me next? (treatments / tests?)	
.....	
When will these happen?	When will I be reviewed next?
.....
What decision do I need to make today? Or when do I need to make a decision?	
.....	

Questions for your specialist

These can be about any concerns you may have, for example what you hope for from your treatment decision

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.....
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