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Dupuytren's Disease/Contracture & Xiapex Injection Treatment

Description:

Dupuytren's disease is a condition that affects the hand. It is caused by an abnormal thickening of tissue just beneath the skin in the palm of the hand, called fascia. It may start as firm lumps or thick chords, and these can spread to involve the base of the fingers, and even extend into the fingers themselves. As this thickened tissue matures, it can shorten, resulting in a difficulty in straightening the fingers fully.

The exact cause is unknown, although it may be associated with some medical conditions and may run in some families. If the tissue contracts to such a degree that it is not possible to place your hand flat upon a surface, it is probably worth consulting a hand surgeon to discuss the need for further treatment in the future. If left untreated, sometimes the contracture can result in an inability to straighten the fingers and therefore difficulty in using the hand.

Treatment:

When the tissue is causing symptoms, surgery may be indicated. The surgery usually involves an operation in hospital as a day case procedure under a general anaesthetic. The fascia below the skin is removed, allowing the fingers to straighten again. Usually a splint will be worn for a period of time after the surgery, to prevent the fingers becoming contracted during the normal healing process. Under most circumstances, the splint is worn for a period of 6 weeks, but only in the first 2 week period is this splint permanent; after this hand therapy begins, so that the fingers can be mobilised out of a removable splint several times a day, to prevent stiffness.

If a single digit is involved, treatment may comprise of an injection instead of surgery (collagenase, otherwise known as Xiapex). Whilst not suitable for everyone, it does carry certain advantages and we can discuss the possibility at the initial consultation state.

Complications:

Even after such surgery, sometimes Dupuytren's can recur, or begin in a new place in the hand. If it does recur, occasionally further surgery is required and sometimes skin grafts may be needed. The likelihood of recurrences and an individual prognosis will be discussed before your surgery with the treating surgeon. Wound infection can also occur but this is relatively unusual and may be treated with a short course of antibiotics.

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