ORTHOPAEDICS WA

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DUPUYTREN'S DISEASE

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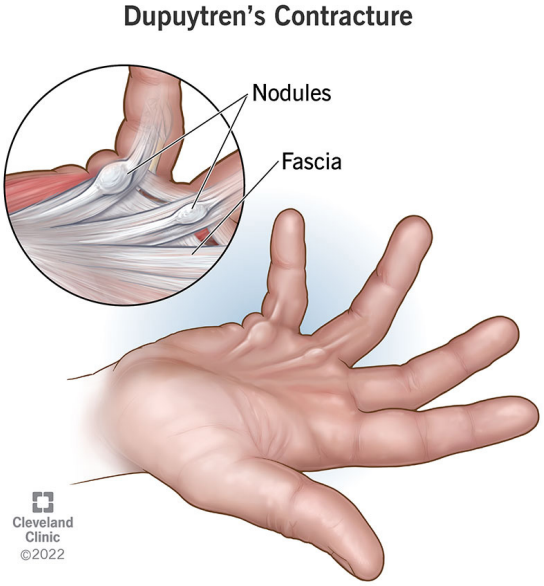
WHAT IS DUPUYTREN'S DISEASE?

Dupuytren's disease is a condition that causes progressive thickening of the **palmar fascia** in the hand. It most commonly affects the **ring and little fingers**, leading to **progressive bending contractures** that prevent full finger straightening. The disease is more common in males over 40 years old and has been associated with **genetic factors, particularly Viking ancestry**.



Dupuytren's disease is a progressive condition that can limit hand function. While no cure exists, treatment, particularly surgery, can significantly improve finger mobility and quality of life. If you have questions or concerns, consult your specialist for further guidance.

WHAT MIGHT I NOTICE?

- Thickening and development of c**ord-like structures** in the palm
- Gradual **bending of the fingers** into the palm
- Difficulty **straightening fingers** fully
- Usually **painless**, though mild tenderness may be present initially

WHEN MIGHT IT NEED SURGERY?

Dupuytren's disease is diagnosed based on **clinical examination**. A key test is the **Hueston's tabletop test**, in which patients attempt to **lay their hand flat on a table**. If they cannot do so, surgery may be considered.

WHAT TESTS MIGHT WE DO?

No additional tests or imaging studies are routinely required for diagnosing Dupuytren's disease.

TREATMENT OPTIONS

There are **non-operative** and **operative** treatment options:

NON-OPERATIVE TREATMENT

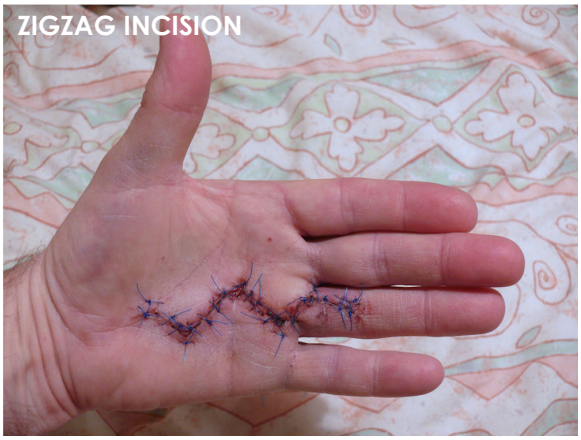
- **Splinting** - Night splints have not been proven to significantly alter disease progression.
- **Collagenase Injection** - A newer treatment, currently under evaluation, that helps break down the diseased tissue. Only selected patients may be suitable for this treatment.

SURGICAL TREATMENT

Surgery is recommended for patients with significant contractures that impair hand function.

Procedure:

- Performed as a **day-case surgery** under general anaesthesia.
- A **zigzag incision** is made along the palm and finger.
- The **affected cords are carefully removed**, preserving surrounding structures.
- In severe cases, a **skin graft** may be needed.
- The wound is **sutured closed**, and a **plaster cast** is applied for **5-10 days**.



POST-OPERATIVE REHABILITATION

- **Sutures are removed after 10-14 days.**
- **A splint is used at night for 3 months** to prevent recurrence.
- Patients may return to **daily activities after suture removal**.
- Light work can be resumed **after 2 weeks**, while heavy manual work may take **4-6 weeks**.

POSSIBLE COMPLICATIONS

Most patients (over 95%) are satisfied with their surgical outcomes, but complications can occur:

- **Infection** (less than 1%)
- **Neuroma** (painful nerve regrowth, less than 1%)
- **Chronic Regional Pain Syndrome** (1-2%)
- **Recurrence of contractures**, which is common over time
- **Incomplete correction**, especially in severe or recurrent cases
- **Nerve or blood vessel damage**, potentially leading to numbness or reduced circulation
- **Wound healing issues**, particularly in advanced cases

WHAT IF YOU HAVE A PROBLEM?

If you have any concerns once you are discharged from hospital you should either telephone the hospital ward, or the surgeons rooms. If they are not available you should consult your GP or local ED. Your surgeon would always want to know about any issues or complications, and would want the GP or nurse to call them to discuss the problem.

Further information is available on the OrthopaedicsWA website.

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www.orthopaedicswa.com.au