

About Dupuytren's

Dupuytren's often starts with unexplained lumps, similar to calluses, in the palm or on the fingers. There can be many different reasons for lumps and you should consult your GP to get a diagnosis.

In Dupuytren's these lumps are called **nodules**, and they form into hard string-like **cords** running beneath the skin along the paths of the tendons in the hand and fingers. There may be no pain although the nodules can be tender to touch, and there can be tingling or aches in the hand.

As the disease progresses the cords harden, and the fingers curl into the palm so that they can no longer be straightened. This is called a **contracture**.

Often the first time someone is aware there is a problem, is when their hand will not slide into a pocket, or they catch their nose with a finger when washing their face.

Different treatments are available at various stages, depending on the degree of contracture, and you should discuss these with your GP. More details are available on the table inside the leaflet.

Treatment summary

The main treatments used in the UK are:

- 1) **Do nothing**, wait and see. In many cases the disease may not lead to a contracture of the fingers.
- 2) **Radiotherapy** can be performed at the early stage with no or slight contracture. This may slow down and often stop signs of the disease progressing.
- 3) **PNF**: Cutting the cords causing contraction, with a needle. This is called Percutaneous Needle Fasciotomy (PNF) or also Needle Aponeurotomy (NA).
- 4) **Xiapex** injection into the cords, using collagenase enzyme to dissolve and weaken them sufficiently to allow the fingers to be straightened.
- 5) **Surgery** is often the most successful of the treatments, although there may be a long recovery time needing hand therapy.

The British Dupuytren's Society is a UK charity that provides support and information to people affected by Dupuytren's Contracture, Ledderhose Disease and related conditions.

"Our goal is to raise awareness of these conditions, improve knowledge of the treatments available and encourage research into their prevention and treatment."

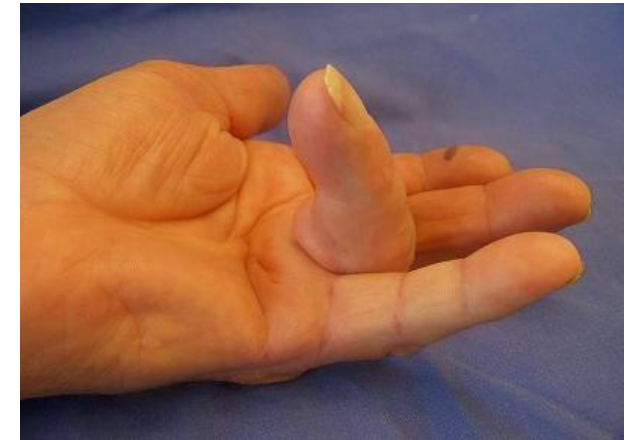
Visit our website for more information about Dupuytren's, including symptoms, risk factors, diagnosis, and further information about treatment including hospitals and clinics.

Web: <http://dupuytren-society.org.uk>
Email: henry@dupuytren-society.org.uk

Also find us on Facebook, Twitter and Google+



Dupuytren's Contracture



This leaflet provides information for people diagnosed with and suffering from Dupuytren's Disease.

Dupuytren's Disease is a condition of the hand that causes the fingers to curl up and contract towards the palm.

The leaflet will help you discuss the condition with your GP, and make a decision on the best treatment for you.



Treatment options	Radiotherapy	PNF (NA)	Xiapex	Surgery
Type of Doctor	Clinical or radiation oncologist	Hand or orthopaedic surgeon	Hand, orthopaedic or plastic surgeon	Consultant hand surgeon
Availability in UK	Mostly private NICE guidance for NHS	NHS and private NICE guidance for NHS	Mostly private. Approved for the NHS in Wales, Scotland, North East, Devon and other areas.	NHS and private
Indications or stage	Nodules, cords, no contracture, also up to 10 degrees contracture	Contracture with palpable cord especially across the knuckle joint in the palm	Contracture with palpable cord	Contracture causing significant functional difficulties
Caution advised if	Disease not active or progressing To be discussed with doctor if aged below 40 Previously had radiotherapy in the same area	After some hand surgeries Open wound on hand Current hand infection	Open wound on hand or infection History of bleeding problems Taking anticoagulants After lymph node surgery or lymphedema Pregnant, possibly pregnant or breast feeding Prior allergic reaction to Xiapex	After some hand surgeries Open wound on hand Current hand infection
What can be done with one treatment	Entire hand	All areas of multiple cords, joints and fingers	One section of cord, maybe more in future	All affected areas on one hand
Number of treatments per cord or joint	One (consists of 5 daily treatments, repeated after 6 - 12 weeks)	Usually one	One sessions for each affected joint. 10% of patients need a second injection	One
Both hands treated	Yes	On consecutive days	On consecutive months	Several months in between
Number of appointments needed for treatment	Ten appointments in total: five appointments over a week, then a 6-12 week gap, then a repeat of the five appointments	One for evaluation and treatment	Two or three: for evaluation, treatment, and manipulation May need to see a Hand Therapist for a splint	Many: evaluation/diagnosis, 1 day in hospital for surgery, return to change dressings, then again after to remove sutures. Start exercises and regular checks
How long does treatment take	2 minutes per dose	10-20 minutes per finger	10-20 minutes to inject 10-20 minutes for manipulation	Depending on severity 30 minutes to a few hours. Hospital day surgery
How is the hand bandaged after the treatment	None needed	Remove plaster dressings, allowed to wash or shower	Keep bulky bandage on and avoid moving fingers for 1 day	Bandage for a few days then light dressings
The days following treatment		Begin hand exercises Some patients begin night splinting	Return for finger manipulation under local anaesthetic All patients begin night splints	Bandage and dressings applied. Stitches removed after 10-14 days. Begin physio and hand exercises.
Common issues (experienced by at least one out of ten patients) during the first week after treatment	Very minor skin redness and dryness	Mild hand bruising Breaks in the skin	Moderate hand bruising and swelling Hand pain, tenderness or itching Lymph node swelling at elbow or armpit Breaks, redness or warmth of the skin Pain in the underarm	Bruising Swelling Pain
Effectiveness / Recurrence	Prevention of worsening of disease = 80% at 5 years (vs 40% without treatment). Reduces the need for surgery from 30% to 7% at 5 years	Up to a quarter of people have their contracture recur after 2 years, and nearly all after 5-8 years.	Early studies show similar recurrence to those treated with PNF.	Most effective with advanced contracture and disease. May eventually recur. Occasionally triggers Dupuytren's elsewhere in the same hand.
Risks and possible complications	Minor skin redness and dryness Theoretical low risk of causing a skin or other cancer, although there has never been a case shown to be caused by the use of radiation for Dupuytren's disease	Tendon Cut Nerve Injury Infection	Tendon dissolved or pulley ruptured 0.3%. Temporary Nerve injury Ligament injury	Tendon/ nerve / artery damage Scarring Stiffness Infection Skin-grafts if done may not take Long period of physio and recovery