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Post-Surgical Information
DUPUYTREN'S CONTRACTURE SURGERY



PROBLEM: The fascia of the palm takes on the characteristics of dense scar tissue, thickening and shortening. This causes the fingers to progressively flex into the palm. This is a genetic condition, and no proven prevention or treatment exists other than surgical resection of the diseased tissue when the contracture becomes severe.

PROCEDURE: The diseased fascia is resected, along with associated skin in some cases. This may require multiple and extensive incisions and intricate dissection around delicate nerves and blood vessels. Skin grafting is occasionally necessary, particularly in revision cases. With severe contractures, it may be possible to achieve only partial correction.

WHAT TO EXPECT: Due to the extensive nature of the surgery, significant swelling and some degree of bleeding is typical. Numbness or tingling in the affected digits is possible and may take months to fully resolve. Multiple zig-zag incisions are typically used, and small areas of open wound are common and in fact often necessary; such wounds tend to heal well in a delayed fashion with proper wound care .

PAIN AFTER SURGERY: Local anesthetic is usually injected into the incision during surgery to minimize pain during the procedure and for a few hours afterward. Pain medication is prescribed for use as needed. Most patients require pain medication for at least a few days after surgery. Soreness and sensitivity around the incisions on the palm is typical and may last two to three months, although this often resolves sooner.

INCISION & DRESSINGS: A sterile dressing with a rigid splint is placed around the hand to maintain correction of finger alignment at the end of the procedure. If the dressing is too tight, the outer elastic bandage should be unwrapped and rewrapped more loosely, leaving the deeper gauze intact. A dressing change in the doctor's office is often scheduled 24 to 48 hours after surgery. Continued but diminishing bleeding and drainage are common, and may require dressing changes for a few days or more.

FOLLOW-UP AND RECOVERY: After the first follow-up visit, hand therapy is ordered to initiate motion exercise while maintaining extension splinting at rest. Sutures are removed at 2 to 3 weeks after surgery. Up to 3 months of healing and therapy may be needed for maximal recovery. Dupuytren's disease has a very high recurrence rate, although this may take many years to occur.