

## Dupuytren's Disease - Option Grid



Your clinician has discussed a diagnosis of Dupuytren's disease. At Healthshare we encourage a shared decision making process involving you, the patient in the treatment most appropriate for your condition. The option grid below is based on current evidence.

Frequently Asked Questions	Splinting	Needle Release	Local Enzyme Injection	Surgery
What does this treatment involve?	Wearing a bespoke splint to stretch the tight cords on the palm side of your hand that cause your finger to bend. *1	Tissue is cut using a small needle to reduce the tension in the cords. *2	A small amount of enzyme is injected into the tight cords. Your clinician will stretch the finger to release the cords followed by a period of splinting.*	Surgery is done on the palm side of your hand. Tissue is cut to reduce the tension in the cords. This is typically a day case procedure followed by a period of splinting.
For whom does this treatment work best?	Splints work well if addressed early. *1	This treatment helps straighten your finger at the first knuckle.	This treatment helps straighten your finger at the first knuckle.	Surgery is the most effective treatment. *3
What are the advantages of this treatment?	Least invasive, least expensive easy to apply and safe	Faster recovery and greater improvement in symptoms than splinting.	Convenient, can be done in normal clinic appointment. Can be repeated if needed	Surgery provides long term improvement for severe cases. *3
What are the disadvantages of this treatment?	Wearing a splint may limit function. Relief is often for a short period but may not limit the bending from getting worse.	There is a chance the symptoms will return	Two clinic visits are needed followed by extensive hand therapy.	You may need to stop working for a few weeks. Recovery can be painful as you attend therapy. Revision surgery is less successful.
Are there any risks?	No	Skin tear, swelling, bruising and infection. Potential tendon damage.	Skin tear, swelling, bruising and infection. Potential tendon damage.	As with any surgery patients may have nerve damage, infection, bruising and pain.
How long before I can use my hand again?	No delay. The splint is typically worn at night.	1-3 days	1 – 2 weeks	You can use your hand functional after 4-8 weeks. *1
How soon do the symptoms come back after this treatment?	Highly likely within 6 to 12 months	About 50% of patients experience a return of symptoms within 3 years	About 35% of patients experience a return of symptoms within 3 years. *2	About 25% of patients experience a return of symptoms within 3 years. *3

References:

- 1 – Van Dijk, D et al (2013) Recognition, diagnosis and referral of patients with Dupuytren's disease. *Current Medical Research and Opinion* 29(3), 269-277
- 2 – NICE - Needle fasciotomy for Dupuytren's contracture Interventional procedures guidance [IPG43]
- 3 - Chen, N et al (2011) A systematic review of outcomes of fasciotomy, aponeurotomy, and collagenase treatments for Dupuytren's contracture. *Hand* 6(3), 250-255