

# Patient Information for Consent

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## What is Dupuytren's disease?

Dupuytren's disease is a condition where scar-like tissue forms just beneath the skin of your fingers and the palm of your hand. It mainly affects the ring and little fingers. Over time, this fibrous tissue can contract and force one or more fingers to curl up into the palm. This is known as Dupuytren's contracture.



Dupuytren's contracture

Your surgeon has recommended a Dupuytren's fasciectomy operation. However, it is your decision to go ahead with the operation or not.

This document will give you information about the benefits and risks to help you to make an informed decision. If you have any questions that this document does not answer, it is important that you ask your surgeon or the healthcare team.

Once all your questions have been answered and you feel ready to go ahead with the procedure, you will be asked to sign the informed consent form. This is the final step in the decision-making process. However, you can still change your mind at any point before the procedure.

## How does Dupuytren's contracture happen?

The reason why fibrous nodules and bands of tissue form is not fully understood.

Dupuytren's contracture is more common in men over the age of 50 than in women and it tends to run in families. It is sometimes associated with diabetes, alcohol use, liver disease or smoking but for most people there is no particular cause.

If one or more fingers develop contractures your surgeon may recommend an operation.

## What are the benefits of surgery?

You should be able to make better use of your hand and straighten the affected fingers more.

## Are there any alternatives to a Dupuytren's fasciectomy?

Your surgeon may be able to perform a needle aponeurotomy. This involves cutting the bands in your hand using a needle and a local anaesthetic, and avoids making a larger cut on your skin. However, there is a higher risk of the contracture coming back (risk: 85 in 100).

Dupuytren's contracture can be treated by injecting Botox or collagenase into the bands of tissue but this is a new treatment and it is unclear how effective it is.

The most effective treatment is surgery. Wearing a splint on the affected hand does not prevent the disease from getting worse.

Your choice of procedure will depend on how severe your symptoms are and any other health problems you may have.

## What will happen if I decide not to have the operation?

Although surgery is not essential, Dupuytren's contracture does not get better without it. The condition will often get slowly worse with time and can result in one or more fingers being held bent into the palm. If this is left untreated, your finger joints may become permanently stiff and an operation at this stage is less likely to be a success. Sometimes the only option for a stiff and contracted finger is an amputation.

## What does the operation involve?

Remove any rings from your hand before you come into hospital.

The healthcare team will carry out a number of checks to make sure you have the operation you came in for and on the correct side. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.



Your surgeon will discuss with you before the operation how much surgery you are likely to need. This depends on the position and severity of the Dupuytren's contracture, the condition of your skin and if you have had any previous surgery.

The surgery can range from simply cutting a fibrous band in the palm of your hand to removing all the affected skin and replacing it with skin grafts.

Various anaesthetic techniques are possible. Your anaesthetist will discuss the options with you.

You may also have injections of local anaesthetic to help with the pain after the operation. You may be given antibiotics during the operation to reduce the risk of infection.

Your surgeon will close your skin with stitches and place a bandage or cast on your hand. The stitches may be dissolvable.

## What should I do about my medication?

Make sure your healthcare team knows about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

## What can I do to help make the operation a success?

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound.

- Try to have a bath or shower either the day before or on the day of the operation.
- Keep warm around the time of the operation. Let the healthcare team know if you feel cold.

- If you are diabetic, keep your blood sugar levels under control around the time of your procedure.

If you have not had the coronavirus (Covid-19) vaccine, you may be at an increased risk of serious illness related to Covid-19 while you recover. Speak to your doctor or healthcare team if you would like to have the vaccine.

## What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

Some complications can be serious.

You should ask your doctor if there is anything you do not understand.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

## General complications of any operation

- Bleeding after the operation. This is less likely if you keep your hand raised.
- Infection of the surgical site (wound) (risk: 1 in 40). It is usually safe to shower after 2 days if you keep your wound dry and covered. Let the healthcare team know if you get a high temperature, notice pus in your wound, or if your wound becomes red, sore or painful. An infection usually settles with antibiotics but you may need special dressings and your wound may take some time to heal. In some cases another operation might be needed. Do not take antibiotics unless you are told you need them.
- Allergic reaction to the equipment, materials or medication. The healthcare team is trained to detect and treat any reactions that might happen. Let your doctor know if you have any allergies or if you have reacted to any medication or tests in the past.
- Chest infection. If you have the operation within 6 weeks of catching Covid-19, your risk of a chest infection is increased (see the 'Covid-19' section for more information).



## Specific complications of this operation

- Injury to an artery in your finger (risk: 1 in 50). If both main arteries get damaged, you may lose your finger. This is rare.
- Incomplete correction of the Dupuytren's contracture caused by loss of movement of your finger joints. Your surgeon will tell you before the operation how much correction you can expect from surgery.
- Return of Dupuytren's disease (risk: 1 in 4 in 5 years). The risk is lower if you have a skin graft. You may need another operation.
- Stiffness of your finger joints (risk: 1 in 25). The risk is higher if you have arthritis in your fingers.
- Numbness in your fingers operated on. The small nerves in your fingers often pass near or even through the fibrous Dupuytren's tissue so some damage to the nerves is possible (risk: 1 in 100). This usually improves with time but you may not completely recover normal feeling. Your fingers may also be sensitive to cold.
- Wound-healing problems especially if your skin is tough. The wounds can be moist and sticky for 1 or 2 weeks. Sometimes a small area of skin dies (risk: 1 in 25). This is not usually serious and wounds generally heal well.
- Severe pain, stiffness and loss of use of your hand (complex regional pain syndrome). The cause is not known. You may need further treatment including painkillers and physiotherapy. Your hand can take months or years to improve. Sometimes there is permanent pain and stiffness.

## Covid-19

A recent Covid-19 infection increases your risk of lung complications or death if you have an operation under general anaesthetic. This risk reduces the longer it is since the infection. After 7 weeks the risk is no higher than someone who has not had Covid-19. However, if you still have symptoms the risk remains high. The risk also depends on your age, overall health and the type of surgery you are having.

You must follow instructions to self-isolate and take a Covid-19 test before your operation. If you have had Covid-19 up to 7 weeks before the operation you should discuss the risks and benefits of delaying it with your surgeon.

## Consequences of this procedure

- Pain. The healthcare team will give you medication to control the pain.
- Scarring of your skin. If you need a skin graft, this will always look slightly different from normal skin.

## How soon will I recover?

### In hospital

After the operation you will be transferred to the recovery area and then to the ward. Keep your hand raised in a sling or on a pillow next to you when you are in bed.

The healthcare team will tell you if you need to have any stitches removed or dressings changed. Keep the dressing dry when having a bath or shower.

You should be able to go home the same day. However, your doctor may recommend that you stay a little longer.

If you do go home the same day, a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours. Be near a telephone in case of an emergency.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

### Returning to normal activities

Do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination.

If you had a general anaesthetic or sedation, you should also not sign legal documents or drink alcohol for at least 24 hours.

The healthcare team will tell you when you can return to normal activities. They will arrange for you to come back to the clinic to check how your wounds are healing.

Your surgeon may arrange for you to have a splint to wear on your hand at night, and some physiotherapy to help get your fingers moving again.



It is important to do the exercises that the physiotherapist shows you as this will help get the best results from the operation. It is also important to exercise your shoulder and elbow gently to prevent stiffness.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Do not drive until you can control your vehicle, including in an emergency, and always check your insurance policy and with the healthcare team.

Ask your healthcare team if you need to do a Covid-19 test when you get home.

## The future

It can take some time for your hand to settle. Mild stiffness is common. The scars can be fairly thick at first but will gradually become less obvious.

Your fingers may curl up into your palm again in the future.

## Summary

A Dupuytren's fasciectomy should straighten your fingers and give you a worthwhile improvement in the function of your hand.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

### Acknowledgements

Reviewer: Tim Davis (ChM, FRCS)

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