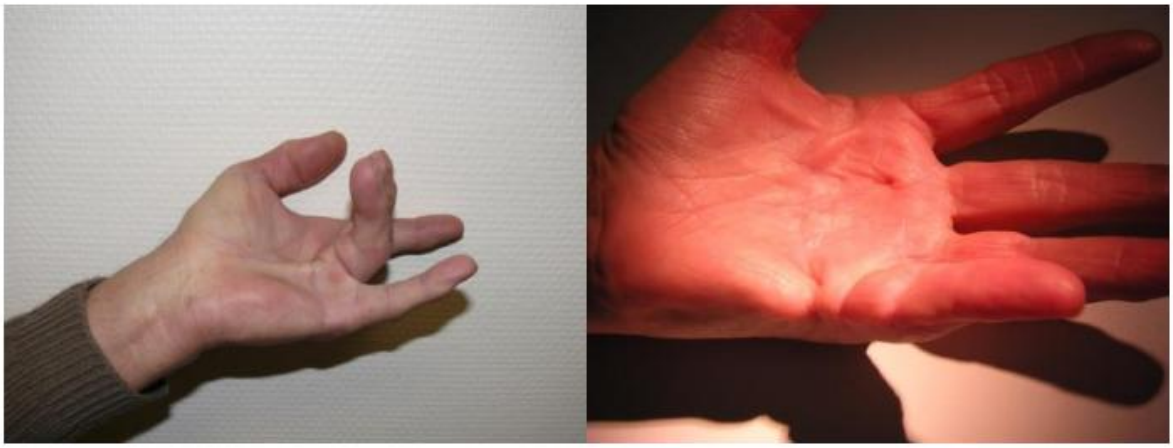
Dupuytren's Disease

Your surgeon has recommended a surgical procedure called an **open fasciectomy** or **fasciotomy** to treat your Dupuytren's disease. Before making your decision, it's important to understand what this condition is, the treatment options, and the risks involved.

What is Dupuytren's Disease?

Dupuytren's disease causes a thickening of the tissue (fascia) under the skin of the palm. Over time, this leads to one or more fingers bending toward the palm and becoming hard to straighten. The cause is not fully known, but genetics often play a role.

Surgery is usually suggested when the finger can no longer lie flat on a table (positive tabletop test). An alternative is a **needle fasciotomy**, where the tight cord is simply cut — but not removed — so the finger can extend again. This option may not prevent the problem from coming back.



Before the Operation

No special tests are usually needed before surgery. Your surgeon will assess your hand during a consultation.

Needle Fasciotomy (Minimally Invasive Option)

- Done under local anesthesia.
- A fine needle is used to cut the tight cord through the skin, with no incision.
- Finger movement can be checked during the procedure.

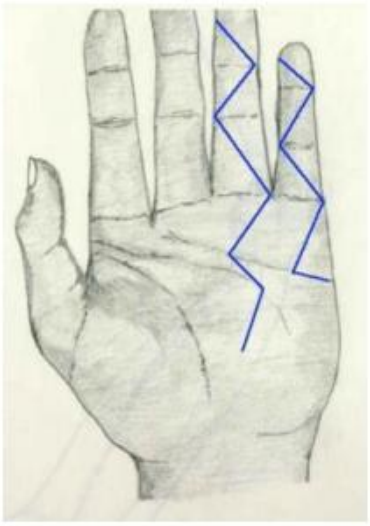
Risks include:

- Infection,
- Nerve or blood vessel damage,
- Injury to the tendon.

Open Fasciectomy (Standard Surgery)

- Performed under regional anesthesia (arm is numbed).
- You go home the same day (day surgery).
- One or more incisions are made to remove the fibrous tissue.
- A special technique (MacCash) may be used to avoid scar tension in the palm.
- The operation length depends on how many fingers are affected and how severe the contracture is.

The surgeon must work carefully to protect nerves, blood vessels, and tendons.



Possible Complications During Surgery

- Injury to nerves or blood vessels, which can cause numbness or loss of sensation.

Possible Complications After Surgery

- Infection (rare).
- Poor blood flow or tissue death in the finger (very rare, but may require amputation).
- Skin problems (delayed healing, bruising, or skin death near the scar).
- Thick or stiff scar (usually improves with time and therapy).
- Complex regional pain syndrome (CRPS) – a rare but painful complication.
- **Recurrence** of the contracture is common in the long term.

After Surgery – What to Expect

- Dressings must be changed regularly until the wound heals.
- Early physical therapy is recommended.
- A dynamic splint may be needed for 4 to 6 weeks to help finger extension.
- In severe cases, full straightening of the finger may not be possible, even after surgery.

Preparing for Surgery

- Keep the hand clean and dry before surgery, especially if you have any skin irritation or moisture (maceration).
- **Stop smoking** (including e-cigarettes) at least 6 weeks before surgery — it reduces the risk of complications.
- Diabetic patients should carefully manage their blood sugar levels.
- The surgery is done as day surgery – you go home a few hours later.
- Organize your wound care in advance.
- You may need a sling after surgery to help reduce swelling and support healing.