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Personal • Precise • Proven • Shoulder to Finger

DUPUYTREN'S SURGERY

This leaflet provides general information to help you understand surgery to straighten fingers bent by Dupuytren's contracture.

This day-case procedure releases or removes the tight cords in the palm.

At the heart of my practice is **Shared Decision-Making**. Whether we pursue conservative management (Plan A) or surgical intervention (Plan B), the goal is to create a tailored treatment plan that aligns with your lifestyle, values, and functional goals.

This leaflet provides general information and does not replace individual medical advice.

Private Consulting Rooms

- **LIPS Healthcare London**
- **Spire Alexandra Chatham**
- **Practice Plus Gillingham**

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More Info

Scan to visit our website

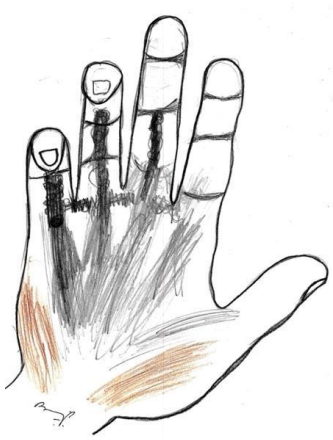
The Anatomy of the Palm

Dupuytren's affects a layer of tissue just under the skin of the palm, relying on several structures working together:

How the Hand Is Affected

A layer under the skin thickens:

- The palm has a sheet of tissue called fascia
- In Dupuytren's this fascia thickens
- It forms firm cords that pull fingers in



The Fascia

Normally a thin, flexible sheet that anchors the skin of the palm — in Dupuytren's it thickens and shortens into tough cords.

How It Progresses

It usually develops slowly over years:

- Small firm lumps (nodules) appear first
- Rope-like cords then develop
- The cords tighten over time
- Fingers are pulled toward the palm

Which Fingers

- Most often the ring and little fingers
- One or both hands can be affected
- Cords can cross the finger joints
- Straightening becomes difficult

The Result

The fingers bend toward the palm and cannot be fully straightened, making it hard to shake hands, wear gloves or lay the hand flat.

About the Operation

Dupuytren's surgery straightens the fingers by dividing or removing the thickened cords in the palm. The technique is matched to the severity of the contracture, and it is recommended when the bend limits hand function or the hand can no longer lie flat.

Why It's Done

The operation aims to:

- Straighten the affected fingers
- Restore hand function and let the hand lie flat
- Reduce deformity and improve appearance

The Procedure, Step by Step

The commonest operation (fasciectomy), step by step:

- Anaesthetic: usually general anaesthetic with a nerve block
- Incision: a zig-zag cut is made in the palm and finger
- Removal: the thickened cords are removed to straighten the finger
- Closure: stitches and a protective splint; a small drain may be used

Before, During & After Surgery

Before Surgery

- Fasting: no food for 6 hours, no drinks for 2 hours before
- Smoking: avoid for at least 12 hours before, to aid healing
- Medications: continue as advised by the pre-op team

On the Day

- Admission: check in at main reception, then to your room
- Consultation: meet your surgeon and anaesthetist
- Preparation: timing and instructions are reviewed

Anaesthesia

- A general anaesthetic is usually combined with a nerve block
- Selected patients may have surgery awake with a block

Recovery & Results

Recovery is a partnership. The timeline below is a guide — I will adapt it to your healing and your goals — **this shared decision-making process ensures you are fully informed and involved in your care.**

Recovery Milestones

- Splint: a splint holds the fingers straight
- Hand therapy: begins early and is essential
- Stitches: removed at about 14 days
- Good recovery: therapy splint for 6–8 weeks; fuller over months

Results

Surgery reliably straightens the fingers and improves hand function. The disease can slowly return over years — more so after less invasive techniques — and hand therapy protects the result.

After Surgery

The first weeks

Dressing & Splint: a splint keeps the fingers straight; any drain is removed before discharge

Pain Relief: the block lasts 8–12 hours; start painkillers before it wears off for 24–48 hours

Hand Therapy: essential — a therapist fits a splint to be worn for 6–8 weeks

Scar & Sling: gentle scar massage once healed; a Bradford sling supports the arm for the first few days

Risks & Complications

Uncommon, but possible

Infection: around 1 in 10, usually mild and settled with antibiotics

Nerve Injury: numbness can occur as nerves run close to the cords; usually temporary

Recurrence: the disease can return, more so after lesser procedures

CRPS: about 1 in 20; prolonged pain, swelling and stiffness needing therapy

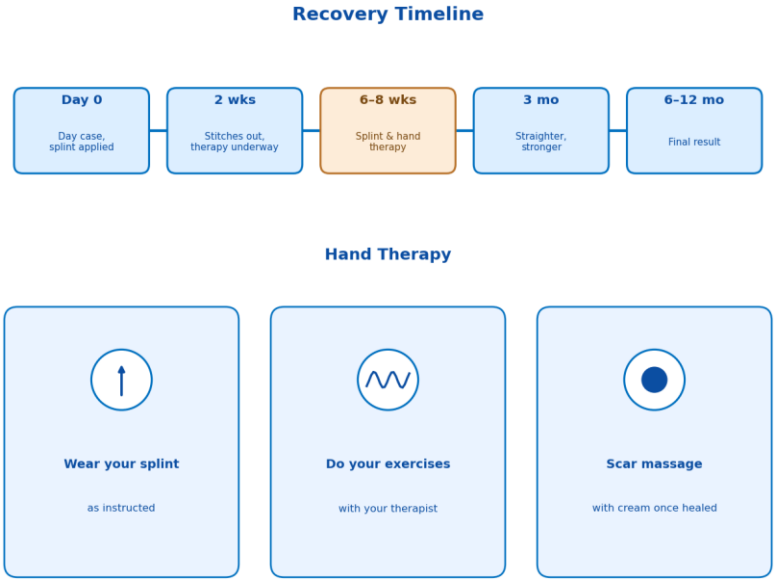
Incomplete Correction: severe bends, especially at the middle joint, may not fully straighten

Return to Activity:

This can be extremely variable and discuss with the surgeon. These are just guidelines.

Desk work **3 – 4 weeks**; light manual work **6 – 8 weeks**; heavy manual work 6–10 weeks; driving once the wound has healed and the splint is manageable; avoid heavy lifting for 6–8 weeks.

Recovery Timeline & Hand Therapy



Red Flags — When to Seek Urgent Help

Spreading redness, discharge or fever, or a finger that turns pale, cold or numb — seek urgent assessment.
If you experience any of the above, contact the practice, your GP, NHS 111, or attend your nearest Emergency Department.

Key Points to Remember

- Different techniques suit different severity
- Surgery straightens the fingers and improves function
- Hand therapy and splinting are essential
- The disease can slowly return over years

Questions You May Wish to Ask

- When can I use my hand normally again?
- When can I drive and return to work?
- How much improvement can I expect?
- What are the signs of a problem?

Book or Enquire Directly at Each Site

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