



Dupuytren's Contracture Release Post-operative Instructions

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The Surgery

Your Dupuytren's surgery is an outpatient procedure that will be done in a formal operating room. After checking into our registration desk, you will be taken to a preoperative holding area where you will change into a gown, meet with your surgeon, your anesthesia staff, nurses, and other members of our team to evaluate you and prepare you for the procedure. You will then be taken to the operating room. The surgery is typically performed under sedation with a local anesthesia block that is placed near the collarbone. This also gives about 8-12 hours of numbness and pain control after surgery. It is very important that you have nothing to eat or drink after midnight the evening prior to surgery if you are getting sedation. You will also need to have someone else drive you home. If you are unable to meet these two needs, your surgery may have to be cancelled and rescheduled for another date.

In the operating room, the OR staff will require about 15 minutes to place you under anesthesia, then prep and drape your arm. After this, the surgery itself will take between one and two hours. During the operation, I will make a zig-zag incision on the fingers with the Dupuytren's disease and dissect out the cords that are causing the contracture. Great care is taken to separate out and protect your arteries and nerves. My goal is to get the affected fingers as straight as possible. The wound is then closed with absorbable stitches. In some cases, I have to use a skin graft from the side of the hand to help close your wound. I then place a bulky dressing on the wrist and forearm, then you will be awoken and taken to a recovery room. Once you are comfortable and can drink clear fluids, you may go home.

Of note: Because of the critical need to start therapy soon after surgery, I strongly recommend that you schedule your first hand therapy appointment as soon as you know the date of your surgery.

Post-operative Protocol

The first two weeks

During this time, you should elevate and rest your hand as much as possible. Your bulky splint will prevent you from moving your fingers. You will be given a prescription for pain medication to take as needed.

You must keep the splint clean and dry. Cover the hand and arm with a plastic bag (a newspaper bag works well) when you shower.

You should be seen by a hand therapist two to seven days after the surgery. At this time, the therapist will remove your operative splint, make a custom molded plastic splint to protect the wounds and maintain finger straightening, and start a supervised regimen for finger range of motion.

I will see you again in my office two weeks after the surgery. Wound healing is the key consideration at this point. It can take up to 3-4 weeks for the wound to close completely. You must keep it clean and dry until full closure occurs, but you can clean the wound with rubbing alcohol occasionally. Do not use hydrogen peroxide, as it can actually irritate the wound. When the wound is completely closed, you can shower and allow the wound to get wet, but do not scrub the incision. Pat it dry with a towel when you are done.

Do not do any lifting with the injured hand.

The 3rd and 4th weeks

During this time, your chief goal is to start to regain finger motion. You will continue with therapy, emphasizing straightening of the finger and starting to get flexion back. The therapist will also closely monitor and help guide you through the wound healing process.

You should call my office if you have progressively worsening pain that is not relieved by icing, rest, elevation, and your prescription pain medication. You should also call if you have a persistent fever of greater than 101°F or notice any drainage from the incisions.

The 5th and 6th weeks

At this point, I expect to see slow but steady improvement in finger flexibility and function. You should be having less discomfort at this time also. The wounds frequently stiffen at this time, and your tissues may feel like a block of wood around the wounds. This will go away on its own after about 2 months, but doing scar massage can help speed the process up.

You can now lift up to 2 pounds with your injured hand unless I give you other instructions.

I will see you in the office at 6 weeks after surgery. At this time, you can start to soak the wrist and hand in warm water after this to help decrease any residual stiffness.

The 7th and 8th weeks

You will continue to aggressively pursue range of motion of the wrist and hand. This almost always requires the help of an occupational therapist a few times a week.

You may now lift up to 4 lbs (e.g. half of a gallon jug of milk) with the injured hand if it does not cause pain.

The 9th and 10th weeks

You should now work on strengthening your wrist and fingers. I will re-evaluate you at 10 weeks. If the wound is well-healed, and your motion and strength are returning well, you may progress your activity and return to normal use of the hand over the next month.

If you are still having stiffness, numbness or pain, I will continue or add other treatments such as medications, therapy, or splinting as indicated. Additionally, I will personalize further follow-up visits to meet your needs.