

## Dupuytren's Excision Protocol

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Copies of this protocol and background about carpal tunnel syndrome may be found on [kavisacharmd.com](http://kavisacharmd.com)

**Surgical Procedure:** Surgical procedure for Dupuytren's Disease consists of a limited fasciectomy to excise the diseased tissue throughout the palmar fascia, including nodules and cords. A zig zag incision is made over the involved tissue and diseased tissue is removed. Incision is closed using nylon sutures which will need to be removed approximately 10 days post-operatively.

When you go home you will be placed in post-operative dressings to cover incision and, depending on severity of the Dupuytren's Contracture, a splint that holds the involved fingers in extension. All dressings should be left alone until your first post-op appointment. Dressings will be removed at your first post-op appointment and wound will be cleaned. Wound healing will be evaluated, and sutures may be removed if adequately healed.

#### Initial Visit Post-Op:

- Dressing:
  - Bulky dressing is removed, and a light compressive dressing is applied.
- Splint:
  - Extension splint fabricated for full time use between HEP x 2 weeks. If becoming stiff patient can remove splint during the day ONLY.
  - Night splinting for 4 weeks (severe contracture could be up to 8 weeks).
- Exercise:
  - Begin early Active/Passive Range of Motion digits/thumb, wrist. Tendon gliding.
  - Emphasis placed on maintaining both extension/flexion and Passive Range of Motion of all joints.

#### 10-14 Days Post-op:

- Therapist authorized to remove sutures if still in place.
- Once the incision is completely healed, scar management techniques may be initiated.
  - Scar massage, Use of silicone gel sheeting/elastomer, Scar desensitization

#### 2 Weeks Post-op:

- Splint:
  - Discontinue splint during daytime.

#### 4 Weeks Post-op:

- Splint:
  - Discontinue night splint unless patient has a severe contracture, in which patient continues night splint for additional 4 weeks.
  - If passive extension of the PIP is  $\geq 20^\circ$ , consider dynamic or static progressive extension orthosis to wear 3-4 times during the day.
- Exercise:
  - Continue Active/Passive Range of Motion of extension and flexion all joints.

#### 6 Weeks Post-op:

- Exercise:
  - Putty or a hand exerciser may be initiated for short intervals to facilitate tendon gliding.

#### 8 Weeks Post-op:

- Patient may return to full activity.

## FAQ's

- **How quickly may I return to activities such as skiing/snowboarding, etc.?**
  - 2-4 weeks depending on healing and extent of procedure
- **How quickly may I be able to complete administrative duties such as typing and filing?**
  - Around 4 weeks depending on severity of contracture and progression in therapy
- **Can I get my incision wet?**
  - No, incision should be kept covered and dry until sutures have been removed, approximately 10-14 days following surgery.
- **Will I need pain medication?**
  - Pain from Dupuytren's excision surgery is typically minimal, however, everyone experiences pain differently and we address your pain on an individual basis. Pain is always worse at night and elevating the surgical extremity is the most important factor when working to improve pain. If tolerated, we use extra strength Tylenol and Ibuprofen/Naproxen as a first line medication. Most patients do well with this regimen alone, however, a prescription of Tramadol or oxycodone (if tolerated) is provided to help with breakthrough pain and to help you sleep through the first few nights. Most patients only utilize narcotic pain medication for the first 2-3 days.
- **What anesthesia will I have?**
  - We perform our Dupuytren's excision surgeries under general anesthetic with a nerve block for the arm.