



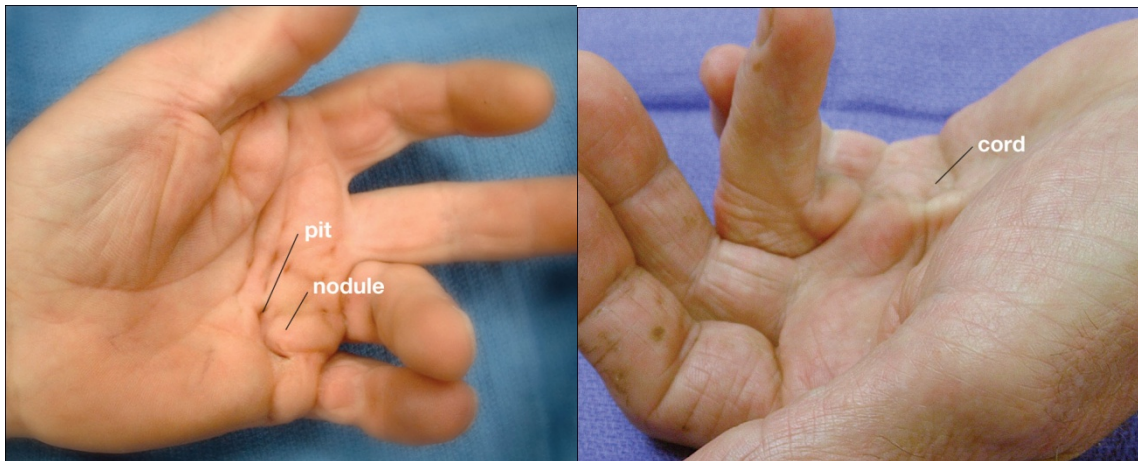
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Dupuytren's Contracture

What is Dupuytren's contracture?

Dupuytren's contracture is a thickening of the gristle in the hand. As it thickens, the gristle also shortens. This causes the fingers to curl inwards. The tendons, which are deep to the gristle, are not directly involved.



The picture on the left shows a patient with a skin pit and nodule. The picture on the right shows a patient with a cord that has caused a permanent bend in the finger

What causes Dupuytren's?

The exact cause is unknown. We do know it is inherited and is more common in people of North European descent.

What will Dr. Anzarut do at the time of your examination?

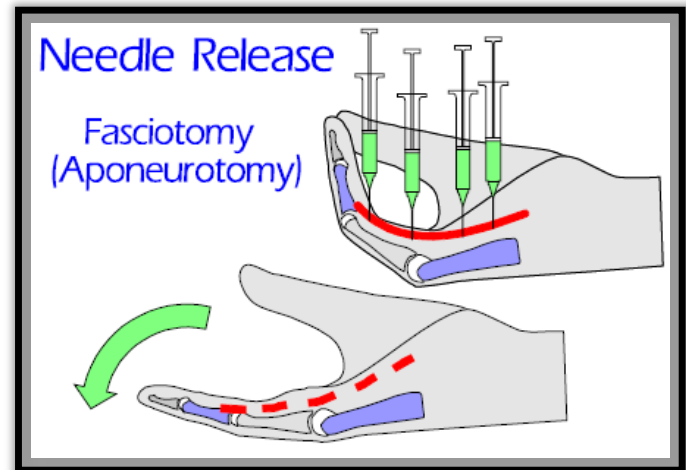
During the examination, Dr. Anzarut will record the locations of nodules and cords on your hand. Using a special device, he will measure the amount of contracture in your fingers.

What are the options for treatment?

There is no way to stop or cure Dupuytren's contracture. However, treatment is available to straighten the fingers out. If the fingers curl back over time treatment may be repeated.

Treatment options include splinting, injections with cortisone, injections with Collagenase (Xiaflex), surgical resection, and needle aponeurotomy.

Traditional treatment involved using surgery to remove the diseased gristle. The disadvantages of surgery were the long recovery period and the intense physiotherapy required post-operatively. Patients required physiotherapy 2S 3 times a week for 6 weeks before being able to resume activities. *Surgery also significantly impairs future treatment options.* Since 2009, Dr. Anzarut has been using needle release to treat patients. In contrast to surgery, average recovery from needle release is 2 to 7 days and requires no physiotherapy. Dr. Anzarut has performed treatment for over 1,000 Dupuytren's patients.



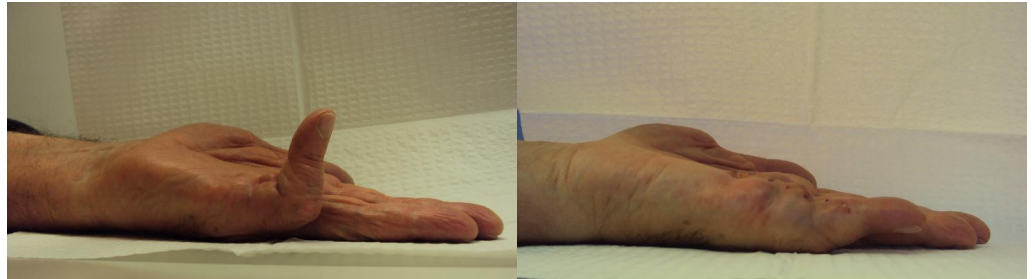
What is needle release?

Needle release is a new treatment option. It is a less invasive procedure. Instead of surgery to remove the diseased gristle, a needle is used to puncture the gristle and cut it into pieces. Once the gristle is punctured the finger is able to straighten again. Early results appear superior to traditional surgery. Long term recurrence rates are unknown. It is likely that the 5 year recurrence rate is higher than with surgery. If a recurrence does occur the procedure may be repeated. Release is more successful at the knuckles than the finger joints.

What should I do after the needle release?

The first 48 hours: The key to a painless recovery is to keep the hand elevated and ice the area for the first 48 hours. Hold something cold in your hand every hour for 10 minutes at a time. Avoid soaking your hand for 7 days (no baths or swimming). You may remove the bandages, wash your hand and shower after 24 hours.

The first week: Avoid strenuous activities with the hands for one week after the procedure. Avoid activities which would make your hands sweaty, grimy, or



These photographs show the result of a patient before (left) and (after) after needle release

exposed to harsh chemicals. This is very important to prevent infection. Splinting your hand with a custom brace at night. This is done for one year. Stretching activities are done for five minutes, five times daily. These steps are essential to reduce recurrence.

Followu up: Dr. Anzarut will see you again after the procedure to follow your progress. At that time the angle of the digits will be measured and the sensation will be tested.

Are there risks with needle release?

All procedures have some risk. However, complications are much less common with needle release than with surgery. Risks include possible infection, bleeding, a break or tear in the skin, injury to a tendon, or nerve injury. It is common to have some temporary tingling in the finger afterwards, however permanent numbness is extremely rare.

What are the alternative treatments?

Steroid injection: If a lump is painful, an injection of corticosteroid - a powerful anti-inflammatory medication - may help relieve the pain. In some cases, it may prevent the progression of contracture. Several injections may be needed for a lasting effect.

Splints: Splinting *may prevent* increased bend in the finger. Forceful stretching of the contracted finger may help treat contractures.

Surgical Treatment: Surgery was previously the recommended treatment for this condition. However, the outcomes of surgery are disappointing. Surgery results in a prolonged recovery time of about 6 weeks. During that time patients have pain, stiffness, and require visits to a physiotherapist 2o 3 times per week. Complications rates are high and future treatment options are impaired.

Collagenase Injection: Injection of this enzyme dissolves the involved grissel over a period of days to weeks. The injection may cause allergic reactions or tendon injury. The drug itself is \$1,200.00, however if you have extended benefits part of the cost may be covered.