Dupuytren's disease

Exceptional healthcare, personally delivered
Dupuytrens Disease

Dupuytren’s disease is a thickening of the tissue in the palm of the hand which may result in progressive flexion contractures of the finger joints (it causes the fingers to bend into the palm of the hand). Any finger may be affected but the ring and little finger are most frequently involved. In almost half the cases we see the contractures involve both hands.

Approximately 1 in every 20 patients with Dupuytren’s contracture have a similar thickening on the soles of one or both feet. A thickening called ‘knuckle pads’ can occur on the back of the finger joints and very rarely the thickened tissue may affect the penis.

**What causes Dupuytren’s and who gets it?**

The cause of the disease is at present unknown. Anyone can be affected although certain factors increase this risk. These include a history of the condition in your family, diabetes mellitus, epilepsy, alcoholic liver disease and cigarette smoking. It is 10 times more common in men and usually affects people aged 50 to 80 years old.

**What is the natural progress of the disease?**

The progress of Dupuytren’s disease is variable and unpredictable. Occasionally a finger may become very bent within a few weeks or months but the development of a severe deformity usually takes several years. In some patients the condition progresses steadily whilst in others it may get worse and then remain static. Permanent improvement however is rare - it is usually progressive and irreversible.

**What is the treatment?**

At the present time surgery is the only successful method of treatment. Your surgeon will decide when the best time to operate is. If surgery is left too late the operation becomes very difficult and the preferable time to operate is when joint contractures are 30 degrees or more. The results of surgery are better in some joints than others.
What does surgery involve?

The aim of surgery is to allow the finger to straighten again but it is important to understand that despite surgery you may not be able to straighten the finger fully. The operation is done under a general anaesthetic or regional anaesthetic block which involves an injection around the shoulder. The procedure may take between 1 and 2 hours. The thickened tissue is removed from under the skin and occasionally skin is removed and replaced with a skin graft.

You will usually stay in hospital overnight with your hand elevated in a sling. You should keep your hand elevated in a sling above the level of your heart for 4 to 5 days. You should start to move your fingers immediately after surgery and the hand therapist will guide you on further exercises and may make a splint for you to wear at night. The hand must be kept dry until the stitches are removed after 10 days.

It takes approximately six weeks for your hand to settle down properly after surgery and you will not have full use of your hand for this length of time.

What can go wrong?

As with all operations complications can occasionally occur. The most frequent are explained below:

1. Recurrence of the disease

It is not possible to remove all the involved tissue at operation. Following surgery for Dupuytren’s disease nearly half of all patients will get recurrence of the disease. Recurrence may occur within 6 months or may take several years. However, only a few patients with recurrence (1 patient in every 7) will require further surgery.

2. Infection

The incidence of infection is low (less than 1 patient in every 50) and usually responds to a course of antibiotics. Very rarely a serious infection may require amputation of the affected finger.
3. Digital nerve damage
A digital nerve may be cut or damaged which results in numbness along one side of the finger. The finger will still move normally. The risk of this occurring is less than 1 patient in every 100 for first time surgery but this risk increases to 1 patient in every 20 when a re-operation is done. The numbness may be permanent but more often is temporary.

4. Haematoma
Rarely, bleeding after the operation can cause a haematoma (collection of blood) in the hand. This may require a second operation to remove it.

5. Ischaemic finger
Very rarely the blood supply to the finger may be damaged. This may require amputation of the finger.

6. General anaesthetic
Most operations for Dupuytren’s disease are performed under general anaesthetic. The risk of a serious complication from this such as a heart attack, stroke, or death is extremely unlikely. The anaesthetist will determine whether you are fit for a general anaesthetic.

7. Delayed wound healing
The disease involves the skin and therefore small areas of the skin may die, which delays the healing process by a few weeks.

8. Loss of movement
Following surgery there may be excessive swelling and temporary loss of the ability to bend the finger into the palm. This can occasionally be permanent if the patient develops a condition called reflex sympathetic dystrophy which is extremely uncommon.
References and Further information


Dupuytrens Contracture, British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS)


BMC Musculoskeletal Disorders. Available at http://www.biomedcentral.com/content/pdf/1471-2474-9-104.pdf [Accessed June 2009]


NHS Constitution. Information on your rights and responsibilities. Available at www.nhs.uk/aboutnhs/constitution
If you or the individual you are caring for need support reading this leaflet please ask a member of staff for advice.