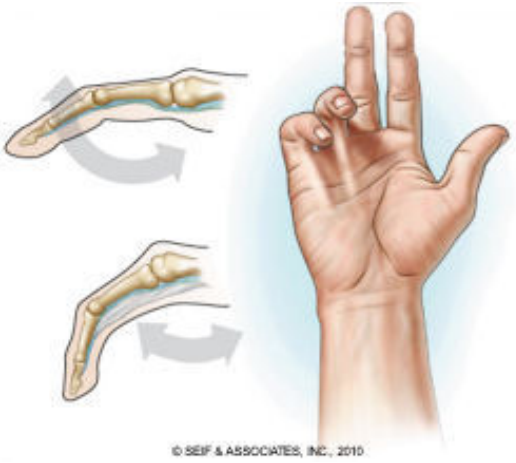
Dupuytren's Contracture
Pre-op and Procedure

Surgery is sometimes suggested for someone with Dupuytren's contracture. One or more fingers have curled in toward the palm of the hand and cannot be fully straightened. The condition usually is not painful but may not be comfortable. It also can be hard to do everyday activities with curled fingers. Surgery may help.

BEFORE THE SURGERY



- A medical evaluation will be done. This may include:
  - A physical examination.
  - Blood tests. This will measure your blood count (*hemoglobin*). Your caregiver may also see how well your blood *clots* (forms a clump that keeps you from bleeding too much).
  - Talking with an anesthesiologist. This is the person who will be in charge of the anesthesia (medication) during the surgery. This procedure is often done with regional anesthesia (the hand is numb, but you are awake during the operation). Sometimes, general anesthesia (being asleep during surgery) is used. Ask your surgeon or the anesthesiologist what to expect.
- The person having surgery for Dupuytren's contracture needs to give what is called informed consent. This requires signing a form that gives permission for the surgery. To give informed consent:
  - You must understand how the procedure is done and why.
  - You must be told all the risks and benefits of the procedure.
  - You must sign the consent. Sometimes a legal guardian can do this.
  - Signing should be witnessed by a healthcare professional.
- Do not eat or drink anything for about 8 hours before the surgery. Ask your caregiver if it is OK to take any needed medicines with a sip of water.
- Arrive at least 1-2 hours before the surgery, or whenever your surgeon recommends. This will give you time to check in and fill out any needed paperwork.
- Often this is outpatient surgery. That means you will be able to go home the same day. Sometimes an overnight stay is needed. Your surgeon should be able to tell you what to expect.

LET YOUR CAREGIVERS KNOW ABOUT:

- Any allergies.
- All medications you are taking, including:
  - Herbs, eyedrops, over-the-counter medications and creams.
  - Blood thinners (*anticoagulants*), aspirin or other drugs that could affect blood clotting.
- Use of steroids (by mouth or as creams).
- Previous problems with anesthetics, including local anesthetics.
- Possibility of pregnancy, if this applies.
- Any history of blood clots.
- Any history of bleeding or other blood problems.
- Previous surgery.
- Smoking history.
- Other health problems.
- Family history of anesthetic problems.

THE SURGERY

Surgery for Dupuytren's contracture usually takes about 90 minutes.

- The preparation:
  - Small monitors will be put on your body. They are used to check your heart, blood pressure and oxygen level.
  - You will be given an IV. A needle will be inserted in your arm. Medication will be able to flow directly into your body through this needle.
  - You might be given a sedative. This medication will help you relax.
  - You will be given anesthesia. Usually this is a shot in your hand, wrist or armpit to make your hand numb. Sometimes, general anesthesia is used.
- The procedure:
  - Once you are asleep or your hand is numb, the surgeon will make one or more cuts (*incisions*) in the palm of your hand.
  - Tissue below the skin that has gotten thick will be removed. This thick tissue is called fascia. Removing fascia takes time and care as the tissue often is wrapped around tendons (cords in the hand) that control finger movement and sometimes the nerves that supply feeling to the fingers.
  - The surgeon will test your fingers to see if they can be straightened. If not, more tissue may need to come out. This is continued until the fingers can move freely.
  - The incisions are stitched closed. Sometimes they are left open to heal slowly may be called *secondary intention* or the "open palm" technique.
  - A dressing (medicine and a bandage) is put over the incision. It usually includes a splint (a plaster or fiberglass piece) that will keep your fingers from moving.
  - Sometimes, some of the skin on the palm of the hand also has to be removed. This may happen if the thickened tissue has become attached to the skin. Then, a skin graft is also needed.
- With a skin graph:
  - The surgeon takes a piece of skin from another part of the body. Often it comes from the wrist or forearm.
  - This skin becomes a patch for the skin that was removed.
  - It covers the incision.
  - Then, the dressing is put on.

AFTER THE PROCEDURE

- You will stay in a recovery area until the anesthesia has worn off. Your blood pressure and pulse will be checked. You may continue to get fluids through the IV for awhile.
  - If this was an outpatient procedure, you will be able to go home the same day. This can happen as soon as everything is back to normal.
  - Otherwise, you will be moved to a regular hospital room.
- Some pain is normal after this surgery. You will probably be given pain medicine while in the recovery area. You also may be given a prescription for pain medicine to take at home.
- Before going home, be sure to ask:
  - Can over-the-counter pain medicine be taken?
  - Can you start eating regular foods right away?
  - When should the dressing be changed? Can it and the splint get wet?
  - When do you need to go back for your first check-up?

RISKS AND COMPLICATIONS

All surgery involves risk. General anesthesia can sometimes cause heart or brain problems. However, this is rare. Other problems are rare. Possibilities include:

- Bleeding.
- Excessive pain.
- Infection.
- Scarring of the hand.
- Damage to a blood vessel in the hand. This may require another operation.

- Damage to a nerve in the hand. This could cause numbness. Or it could make the hand or fingers weak.
- The condition coming back. This may require secondary surgery.

PROGNOSIS

There is no cure for Dupuytren's contracture. Surgery may slow down the condition and may improve symptoms. Most people are able to move their fingers better after surgery. However, the problem sometimes returns. Then, more surgery may be needed. It is important to remember, however, that this is not a life-threatening condition.

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