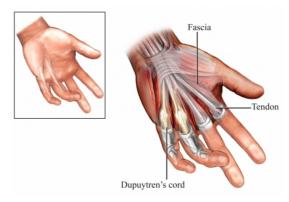
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Patient Name		 	
Follow-Up Appo	intment:		

DUPUYTREN'S DISEASE

Dupuytren's disease is a progressive fibrosis of the palm leading to deformities of the digits at which can impair normal hand function. The particular cell involved is called the myofibroblast. The thickened tissue passes through the palm and can extend down into the fingers. The rate of progression varies in individuals but the expectation is that this condition will progress over time.

The disease is not particularly painful but the impairment of normal hand movement and function can be irritating. You may first notice this



disease as a callus like hardness in your palm, followed by an inability to flatten your palm on a flat surface such as a table. This disease is not harmful and progresses slowly over time. Once this condition bothers your day to day function, there are various treatment options available which your surgeon can discuss with you.

SURGERY

The aim of surgery is to help straight your fingers and your knuckle out to assist with your day to day function. You must be aware that this condition is progressive and there is a considerable risk this condition will return to a significant impairment. Once you have consented to have an operation you will be admitted into hospital, usually as a day stay procedure. (ie. You will go home the same day of your surgery).

The operation will be performed under a general anaesthetic and a nerve block to provide pain relief after your operation. The procedure length varies depending on the extent of your disease and the number of digits involved. Generally this procedure will take 1 to 2 hours.

When you wake up you will be in a backslab plaster to keep your digits straight. Please keep the plaster dry and keep your limb elevated.

You will see a hand therapist within 1-2 weeks for a night time hand splint to be made. The sutures will be dissolvable and will fall out during hand washing.

Depending on the extent of your disease, you may also require a skin graft which can be taken from the side of your palm.

How long will I be off work?

You will be in a plaster for 1 to 2 weeks. You will be able to return to light duties at 2 weeks. The scar will still be sensitive so you will not be able to perform manual labour tasks until closer to 4 to 6 weeks.



admin@DrBobJang.com.au www.DrBobJang.com.au PO BOX 858, Leichhardt, NSW, 2040 (02) 8078 0633

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When can I drive?

Once you can comfortably make a fist and you'ree off any strong pain killers, you may drive. This is generally after the plaster comes off.

Splinting

After your 2 week wound review, your hand therapist will fit on a hand splint to wear at night to keep the fingers straight. This can be altered to fit your hand as your swelling improves.

Exercises

Please perform hand/wrist/elbow and shoulder exercises to keep your muscles and joints active. There are some hand exercises at the end of this information sheet.

Scar massage

Once your wound has fully healed between week 2-3 post operatively, you may massage your scar to help it to heal. You can use an unperfumed cream to help.

Dupuytren's fasciectomy rehab protocol

Weeks 0-2

Remain in extension plaster slab from hospital.

Week 2

Follow up in clinic for a wound review, removal of plaster, referral to hand therapist. Night time extension splinting. You may need to wear the splint for up to 3 months post operatively.

Weeks 2-6

Finger, hand, wrist range of motion exercises and scar massage. Guidance by hand therapists. Light duties only at work.

Week 6

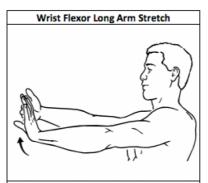
Follow up with Dr Jang to ensure you're progressing well. Aim to gradually return to normal duties at work.

Weeks 6-12

Continue strengthening.



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Keeping elbow straight, grasp one hand and slowly bend wrist back until stretch is felt. Hold. Relax.

Hold 10 Seconds. Repeat 3 times 2x/day

AROM Thumb IP Flexion - Blocking	AROM PIP Flexion Blocking	AROM DIP Flex -Blocking	
A THE			
Brace thumb leaving tip free. Bend as far as possible, then straighten.	Pinch bottom knuckle of finger of to prevent bending. Actively bend middle knuckle until stretch is felt.	Pinch middle knuckle of finger of one hand to prevent bending. Bend end knuckle until stretch is felt.	
10 repetitions 1x/day	10 repetitions each finger 1x/day	10 repetitions each finger 1x/day	

Flexor Tendon Glide - Active Hook Fist	Flexor Tendon Glide - Active Straight Fist	Finger Opposition	
With fingers and knuckles straight, bend middle and tip joints. Keep large knuckles straight.	Start with fingers straight. Bend knuckles and middle joints. Keep fingertips straight to touch the base of your palm.	Actively touch thumb to each fingertip. Start with index finger and proceed toward little finger. Move slowly at first, then more rapidly as motion and coordination improve. Be sure to touch each fingertip.	
10 repetitions 1x/day	10 repetitions 1x/day	10 repetitions 1x/day	



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Please start doing these exercises 3 weeks after surgery.

Band Thumb Opposition	Putty - Weight Bearing	Putty - Grip	
With rubber band around thumb, hold other end with other hand. Rotate thumb up and over toward little finger. Repeat toward each finger.	Place palm on putty and roll the putty back and forth.	Squeeze putty with all fingers and thumb.	
10 repetitions 1x/day	Practice for 1 - 3 minutes	Practice for 3- 5 minutes	