

Patient Information for Consent

Amir Salama

OS06 Dupuytren's Fasciectomy

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Information about COVID-19 (Coronavirus)

Hospitals have robust infection control procedures in place. However, you could still catch coronavirus either before you go to hospital or once you are there. If you have coronavirus at the time of your procedure, this could affect your recovery. It may increase your risk of pneumonia and in rare cases even death. The level of risk varies depending on factors such as age, weight, ethnicity and underlying health conditions. Your healthcare team may be able to tell you if these are higher or lower for you. Talk to your surgeon about the balance of risk between going ahead with your procedure and waiting until the pandemic is over (this could be many months).

Please visit <https://www.gov.uk/coronavirus> for up-to-date information.

Information about your procedure

Following the Covid-19 (coronavirus) pandemic, some operations have been delayed. As soon as the hospital confirms that it is safe, you will be offered a date. Your healthcare team can talk to you about the risks of having your procedure if you have coronavirus. It is then up to you to decide whether to go ahead or not. The benefits of the procedure, the alternatives and any complications that may happen are explained in this document. If you would rather delay or not have the procedure until you feel happy to go ahead, or if you want to cancel, tell your healthcare team.

If you decide to go ahead, you may need to self-isolate for a period of time beforehand (your healthcare team will confirm how long this will be). If you are not able to self-isolate, tell your healthcare team as soon as possible. You may need a coronavirus test a few days before the procedure. If your test is positive (meaning you have coronavirus), the procedure will be postponed until you have recovered.

Coronavirus spreads easily from person to person. The most common way that people catch it is by touching their face after they have touched a person or surface that has the virus on it. Wash your hands with alcoholic gel or soap and water when you enter the hospital, at regular intervals after that, and when you move from one part of the hospital to another.

Be aware of social distancing. Chairs and beds are spaced apart. If your healthcare team need to be close to you, they will wear personal protective equipment (PPE). If you can't hear what they are saying because of their PPE, ask them to repeat it until you can. You may not be allowed visitors, or your visiting may be restricted.

Your surgery is important and the hospital and health professionals looking after you are well equipped to perform it in a safe and clean environment. Guidance about coronavirus may change quickly your healthcare team will have the most up-to-date information.

What is Dupuytren's disease?

Dupuytren's disease is a condition where scar-like tissue forms just beneath the skin of your fingers and the palm of your hand. Over time, this fibrous tissue can contract and force one or more fingers to curl up into the palm. This is known as Dupuytren's contracture.



Dupuytren's contracture

Your surgeon has recommended a Dupuytren's fasciectomy operation. However, it is your decision to go ahead with the operation or not.

This document will give you information about the benefits and risks to help you to make an informed decision. If you have any questions that this document does not answer, ask your surgeon or the healthcare team.

How does Dupuytren's contracture happen?

The reason why fibrous nodules and bands of tissue form is not fully understood.

Dupuytren's contracture is more common in men than in women and it tends to run in families. It is sometimes associated with diabetes, alcohol use, liver disease or smoking but for most people there is no particular cause. If one or more fingers develop contractures your surgeon may recommend an operation.

What are the benefits of surgery?

You should be able to make better use of your hand and straighten the affected fingers more.

Are there any alternatives to a Dupuytren's fasciectomy?

Your surgeon may be able to perform a needle aponeurotomy. This involves cutting the bands in your hand using a needle and a local anaesthetic, and avoids making a larger cut on your skin. However, there is a higher risk of the contracture coming back (risk: 85 in 100).

Dupuytren's contracture can be treated by injecting Botox or collagenase into the bands of tissue but this is a new treatment and it is unclear how effective it is.

The most effective treatment is surgery. Wearing a splint on the affected hand does not prevent the disease from getting worse.

What will happen if I decide not to have the operation?

Although surgery is not essential, Dupuytren's contracture does not get better without it. The condition will often get slowly worse with time and can result in one or more fingers being held bent into the palm. If this is left untreated, your finger joints may become permanently stiff and an operation at this stage is less likely to be a success. Sometimes the only option for a stiff and contracted finger is an amputation.

What does the operation involve?

Remove any rings from your hand before you come into hospital.

The healthcare team will carry out a number of checks to make sure you have the operation you came in for and on the correct side. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

Your surgeon will discuss with you before the operation how much surgery you are likely to need. This depends on the position and severity of the Dupuytren's contracture, the condition of your skin and if you have had any previous surgery.

The surgery can range from simply cutting a fibrous band in the palm of your hand to removing all the affected skin and replacing it with skin grafts.

Various anaesthetic techniques are possible. Your anaesthetist will discuss the options with you.

You may also have injections of local anaesthetic to help with the pain after the operation. You may be given antibiotics during the operation to reduce the risk of infection.

Your surgeon will close your skin with stitches and place a bandage or cast on your hand. The stitches may be dissolvable.

What should I do about my medication?

Make sure your healthcare team knows about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

What can I do to help make the operation a success?

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound.

- Try to have a bath or shower either the day before or on the day of the operation.
- Keep warm around the time of the operation. Let the healthcare team know if you feel cold.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

Some complications can be serious.

You should ask your doctor if there is anything you do not understand.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

General complications of any operation

- Pain. The healthcare team will give you medication to control the pain.
- Bleeding after the operation. This is less likely if you keep your hand raised.
- Infection of the surgical site (wound) (risk: 1 in 40). It is usually safe to shower after 2 days if you keep your wound dry and covered. Let the healthcare team know if you get a high temperature, notice pus in your wound, or if your wound becomes red, sore or painful. An infection usually settles with antibiotics but you may need another operation.
- Allergic reaction to the equipment, materials or medication. The healthcare team is trained to detect and treat any reactions that might happen. Let your doctor know if you have any allergies or if you have reacted to any medication or tests in the past.
- Scarring of your skin. If you need a skin graft, this will always look slightly different from normal skin.

Specific complications of this operation

- Injury to an artery in your finger (risk: 1 in 50). If both main arteries get damaged, you may lose your finger. This is rare.
- Incomplete correction of the Dupuytren's contracture caused by loss of movement of your finger joints. Your surgeon will tell you before the operation how much correction you can expect from surgery.
- Return of Dupuytren's disease (risk: 1 in 4 in 5 years). The risk is lower if you have a skin graft. You may need another operation.
- Stiffness of your finger joints (risk: 1 in 25). The risk is higher if you have arthritis in your fingers.
- Numbness in your fingers operated on. The small nerves in your fingers often pass near or even through the fibrous Dupuytren's tissue so some damage to the nerves is possible (risk: 1 in 100). This usually improves with time but you may not completely recover normal feeling. Your fingers may also be sensitive to cold.

- Wound-healing problems especially if your skin is tough. The wounds can be moist and sticky for 1 or 2 weeks. Sometimes a small area of skin dies (risk: 1 in 25). This is not usually serious and wounds generally heal well.
- Severe pain, stiffness and loss of use of your hand (complex regional pain syndrome). The cause is not known. You may need further treatment including painkillers and physiotherapy. Your hand can take months or years to improve. Sometimes there is permanent pain and stiffness.

How soon will I recover?

In hospital

After the operation you will be transferred to the recovery area and then to the ward. Keep your hand raised in a sling or on a pillow next to you when you are in bed.

The healthcare team will tell you if you need to have any stitches removed or dressings changed. Keep the dressing dry when having a bath or shower.

You should be able to go home the same day. However, your doctor may recommend that you stay a little longer.

If you do go home the same day, a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours. Be near a telephone in case of an emergency.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

Returning to normal activities

Do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination.

If you had a general anaesthetic or sedation, you should also not sign legal documents or drink alcohol for at least 24 hours.

The healthcare team will tell you when you can return to normal activities. They will arrange for you to come back to the clinic to check how your wounds are healing.

Your surgeon may arrange for you to have a splint to wear on your hand at night, and some physiotherapy to help get your fingers moving again.

It is important to do the exercises that the physiotherapist shows you as this will help get the best results from the operation. It is also important to exercise your shoulder and elbow gently to prevent stiffness.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Do not drive until you are confident about controlling your vehicle and always check your insurance policy and with your doctor.

The future

It can take some time for your hand to settle. Mild stiffness is common. The scars can be fairly thick at first but will gradually become less obvious.

Your fingers may curl up into your palm again in the future.

Summary

A Dupuytren's fasciectomy should straighten your fingers and give you a worthwhile improvement in the function of your hand.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Acknowledgements

Reviewer: Tim Davis (ChM, FRCS)

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