CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

INFORMATION & CONSENT

Dupuytren's Fasciectomy

After a Dupuytren's fasciectomy the diseased cord has been removed; the hand rests in a soft dressing while the straightened finger recovers.

Kieran Hirpara 4.0

At-a-glance recovery. Pooled from 42 published studies — your own pace will vary.

LIGHT DUTIES desk work, driving, daily tasks	MOST EVERYDAY ACTIVITIES manual work, sport, gym	FINAL OUTCOME PLATEAU pain and strength
2-6 weeks	**3-6 months**	**12 months**
Return to light activities and desk work typically occurs within 2 to 6 weeks, with early range of motion improvements noted by 2 weeks.	Return to manual work and full strength typically occurs within 3 to 6 months as soft tissues settle and stiffness resolves.	Maximum functional recovery and plateau in range of motion are typically observed by 12 months post-surgery.

Why this operation has been suggested

This operation, called a limited palmar fasciectomy, removes the thickened cord of tissue in your palm that is pulling your fingers into a bent position. Your surgeon has likely recommended this because surgery is the gold-standard treatment for progressive Dupuytren contractures when non-operative options have not provided enough improvement. While other methods exist, this open procedure is the most common surgical option and offers the most reliable long-term results for controlling the disease.

The main goal of this surgery is to correct the deformity so you can straighten your fingers and regain significant hand function. Evidence shows that hand normality improves after this operation, allowing you to perform daily tasks more easily. Although there is a significant risk of complications, the procedure remains a useful and safe way to restore the use of your hand.

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Before the operation

You will need to fast before your surgery and arrange for someone to drive you home. Please bring a list of all your current medications and wear comfortable clothing. Your surgeon may order simple tests like X-rays, blood work, or an anaesthetic review to ensure you are safe for the procedure. These checks help us plan your care and spot any health issues beforehand. You will have an open fasciectomy, which means your surgeon will use a single standard cut over the area needing treatment. Your surgeon will give you specific instructions on which medicines to stop and when to arrive.

On the day

You will arrive at the hospital and meet your surgeon and the anaesthetist. They will review your health and answer any final questions before you go to the operating theatre. This operation is done under general anaesthetic. You will be fully asleep for the operation. Some patients may also have a regional nerve block for post-operative pain relief – the anaesthetist decides on the day based on your individual circumstances.

Your surgeon will make a single cut over the area needing treatment to remove the tight tissue. You will wake up in recovery feeling groggy but safe. The team will monitor you closely as the effects of the anaesthetic wear off. Most patients go home the same day as a day-case procedure. You will receive instructions on how to care for your hand before you leave.

What the operation involves

Your surgeon will perform a limited palmar fasciectomy, which is the most common surgical option for your condition. This procedure involves making a single cut over the palm side of your hand to access the tight band of tissue causing the finger to bend. Your surgeon will carefully remove this diseased tissue, a process known as a fasciectomy, to straighten your finger.

For more advanced cases, your surgeon might use a technique called dermofasciectomy. This involves removing the diseased tissue along with the overlying skin to ensure better long-term control of the disease. In some severe situations, your surgeon may use a modified McCash technique. This approach releases the tight tissue with minimal dissection, which helps reduce pain and the risk of bleeding after the operation.

Once the tight tissue is removed and your finger is straightened, your surgeon will close the cut with stitches. The hand normality score often improves after this surgery, helping to restore function to your hand. This open approach is considered a safe and useful technique for treating Dupuytren disease.

After the operation

You will wake up in a recovery ward where your pain is managed. Your hand will be wrapped in a dressing, and you may wear a sling or brace. You can move your fingers gently as soon as you are comfortable. Most patients

go home the same day, though an overnight stay is possible. Because you will have had an open fasciectomy through a single incision, you need someone to stay with you for the first 24 hours. Your surgeon may use corticosteroids to help your early movement and reduce swelling.

Recovery

You will likely feel some pain and swelling in your hand during the first few days after surgery. This is normal as your body heals from the incision. Your surgeon may use a local anaesthetic with adrenaline to help manage discomfort during the procedure. Some patients find that perioperative corticosteroids help improve early movement and reduce swelling.

You will need to follow a specific hand therapy plan to regain motion. Your surgeon may recommend a splint, though studies show therapy alone is often just as effective at preventing stiffness. You will perform gentle exercises to straighten your fingers. The little finger often needs extra attention during these movements. You can sleep with your hand elevated on pillows to keep swelling down.

As your hand heals, you will notice your grip and daily tasks become easier. Your surgeon will guide you on when you can return to driving or work. Your timeline may differ from others; your surgeon and physiotherapist will tailor your recovery plan to your needs. You will feel a significant improvement in how your hand functions as the deformity corrects.

What can go wrong

Most patients do well, but problems can occasionally happen. Your surgeon and the team monitor you closely to spot any issue early.

You might notice the disease returning after treatment. This feels like the finger slowly bending inward again, similar to how it felt before your procedure. This can happen whether you had surgery or injections. If you see the finger stiffening or curling back, tell your surgeon at your next review.

Sometimes the condition comes back after five years. You may find that the finger cannot straighten fully again, even if it improved right after treatment. If this happens, your surgeon will discuss your options with you.

In rare cases, new Dupuytren's disease can develop in a finger that was not the main focus of your treatment. You might notice a new lump or a finger starting to bend where it was previously straight. Report any new lumps or bending to your surgeon promptly.

If you have had surgery for a different finger issue, you might be at higher risk for developing this condition. Be alert for any new tightness or lumps in your hand. Your surgeon will keep an eye on your hand during follow-up visits.

The complications table on this page lists typical rates if you want the specifics.

When to call us

Call us if you develop a fever, increasing redness, or discharge from your wound. Contact your surgeon immediately for sudden severe pain, loss of sensation, or if you cannot move your hand. Go to emergency care if you notice new swelling in your calf or have trouble breathing. These signs need urgent assessment to keep your recovery on track.

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COMPLICATIONS & CONSENT

Dupuytren's Fasciectomy

Complication rates from published literature

Pooled from 42 published studies. These are population-level rates, not your individual risk — your surgeon will discuss what applies to you.

COMPLICATION	REPORTED RATE	NOTES
skin tears	**31-50%**	Common complication associated with collagenase treatment; less frequent in fasciectomy but possible.
Recurrence	**12-47%**	Dupuytren's disease can recur at the site of surgery or elsewhere in the hand, with recurrent disease significantly harder to treat surgically and having much higher complication rates.
Flare reaction	**9.9%**	An inflammatory response with pain, swelling, stiffness, and skin changes, with most cases resolving with elevation, therapy, and anti-inflammatory medications.
Incomplete correction or persistent stiffness	**5-15%**	Persistent contracture particularly at the PIP joint; more common with severe pre-operative deformity.
Joint stiffness or arthrofibrosis	**5-10%**	PIP joint stiffness from prolonged splinting or scarring.
Infection	**4.8-17%**	Wound infection occurs in 2.4% of primary cases (range 2-10% depending on severity); deep infections may require washout and prolonged antibiotics.
Reoperation rate	**3-20%**	Reoperation may be required for complications or recurrence, with the rate varying by initial disease severity and surgical technique.
Digital nerve injury	**2-38%**	Nerves are often caught up in Dupuytren's tissue and may be damaged during excision; increases to 17-20% in recurrent disease, potentially causing permanent numbness or painful neuromas.
Hematoma	**2-5%**	Blood collection under the skin flaps may require drainage; large hematomas increase infection risk.

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COMPLICATION	REPORTED RATE	NOTES
Wound healing complications	**1.9-6.7%**	The most common complication; the skin overlying Dupuytren's disease is often poor quality, leading to delayed healing, wound dehiscence, skin flap necrosis, or skin loss.
skin graft loss	**1.1-4.2%**	Specific to dermofasciectomy procedures involving skin grafting.
Tendon injury	**0.26-0.98%**	Flexor tendons may be injured during dissection, requiring repair, with risk higher in extensive disease involving the flexor sheath.
Digital artery injury	**0-2%**	Arteries may be damaged during surgery, increasing to 25.7% in recurrent disease; poor blood flow may in very rare circumstances result in finger loss or amputation.

I have read this information and have had the opportunity to ask Dr Hirpara questions about the procedure, its expected recovery, and the complications listed above.

PATIENT — PRINT NAME

SIGNATURE

DATE

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