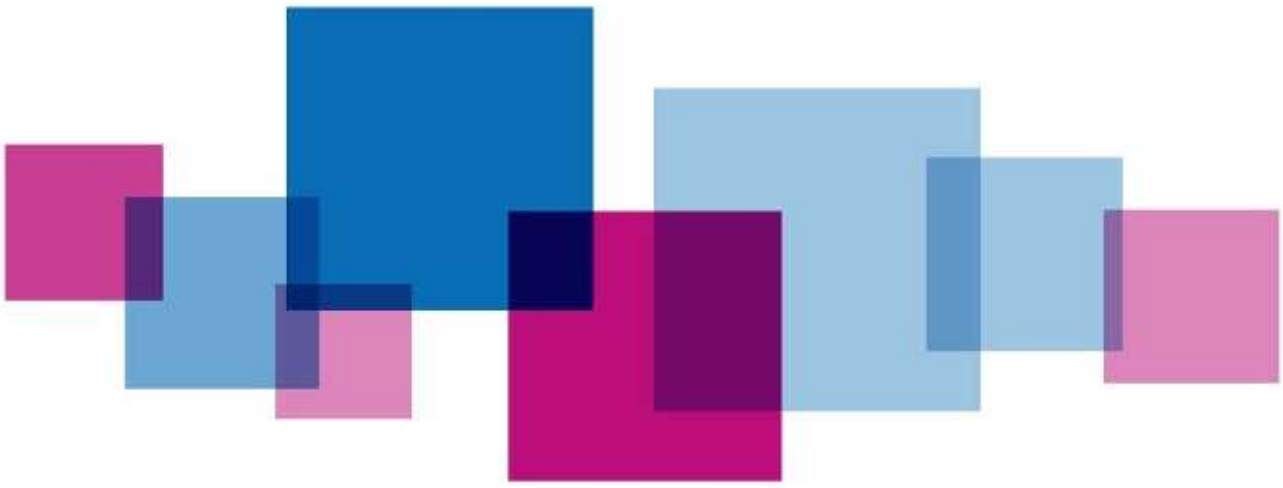
NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

Commissioning Policy

Dupuytren's Contracture Release in Adults

Criteria Based Access



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Shaping better health

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Version Control

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1718.3	27/09/2017	IFR Manager	Shared with CPRG.
1718.3.01	27/09/2017	IFR Manager	Updated following CPRG feedback.
1718.3.02	26/03/2018	IFR Coordinator	Rebranded to BNSSG ICB
1819.2.00	26/10/2018	Commissioning Policy Development Support Officer	Smoking and BMI references updated, BNSSG branding refreshed, PALS update. Approved on 14th February 2019 by Commissioning Executive.
1920.1.00	29/04/2019	Commissioning Policy Development Support Officer	Statement added in to reflect NHS England Evidence Based Interventions request for due regards.
1920.1.01	03/06/2019	Commissioning Policy Development Manager	Admin Corrections for CPRG and inclusion of OPCS codes
1920.1.02	20/06/2019	Commissioning Policy Development Manager	Admin Corrections post CPRG and inclusion of Remedy link

THIS IS A CRITERIA BASED ACCESS POLICY
TREATMENT MAY BE PROVIDED WHERE PATIENTS MEET THE CRITERIA BELOW

THIS POLICY RELATES TO ALL PATIENTS

Dupuytren's Contracture Release in Adults Policy

General Principles

Treatment should only be given in line with these general principles. Where patients are unable to meet these principles in addition to the specific treatment criteria set out in this policy, funding approval may be sought from the ICB Exceptional Funding Request Panel.

1. Clinicians should assess the patients against the criteria within this policy prior to referring patients seeking treatment. Referring patients to secondary care that do not meet these criteria not only incurs significant costs in out-patient appointments for patients that may not qualify for surgery, but inappropriately raises the patient's expectation of treatment.
2. Patients will only meet the criteria within this policy where there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment. Where the patient has previously been provided with the treatment with limited or diminishing benefit, it is unlikely that they will qualify for further treatment and the EFR team should be approached for advice.
3. On limited occasions, the ICB may approve funding for a further assessment in secondary care only in order to confirm or obtain evidence demonstrating whether a patient meets the criteria for funding. In such cases, patients should be made aware that the assessment does not mean that they will be provided with surgery and surgery will only be provided where it can be demonstrated that the patients meets the criteria to access treatment in this policy.
4. Where funding approval is given by the Exceptional Funding Request Panel, it will be available for a specified period of time, normally one year.
5. Patients with an elevated BMI of 30 or more may experience more post surgical complications including post surgical wound infection so should be encouraged to lose weight further prior to seeking surgery. https://www.sciencedirect.com/science/article/pii/S1198743X15007193 (Thelwall, 2015)
6. Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing (ASH, 2016)

7. In applying this policy, all clinicians and those involved in making decisions affecting patient care will pay due regard to the need to eliminate unlawful discrimination, harassment, victimisation, etc., and will advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not. In particular, due regard will be paid in relation to the following characteristics protected by the Equality Act 2010: age, disability, sex, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief and sexual orientation.

Background / Purpose and Scope

Dupuytren's contracture is a condition that affects the hands and fingers. It causes one or more fingers to bend into the palm of the hand. It can affect one or both hands, and sometimes affect the thumb.

Dupuytren's contracture occurs when the connective tissue in the palm thickens. Often the tissue thickens in one small area first and a "nodule" forms (a small, hard lump about 0.5-1cm) under the skin of the palm. The nodule sometimes feels tender to begin with, but this usually passes. More nodules may then develop.

The nodules are non-cancerous (benign) and the condition isn't life-threatening for those who develop it, although it can be a nuisance to live with. Over time, the nodules can extend and form cords of tissue. These cords can shorten (contract) and, if the cords run along a finger or thumb, they can pull it, so it becomes bent towards the palm. These contractures are often mild and painless, but they can get steadily worse over time.

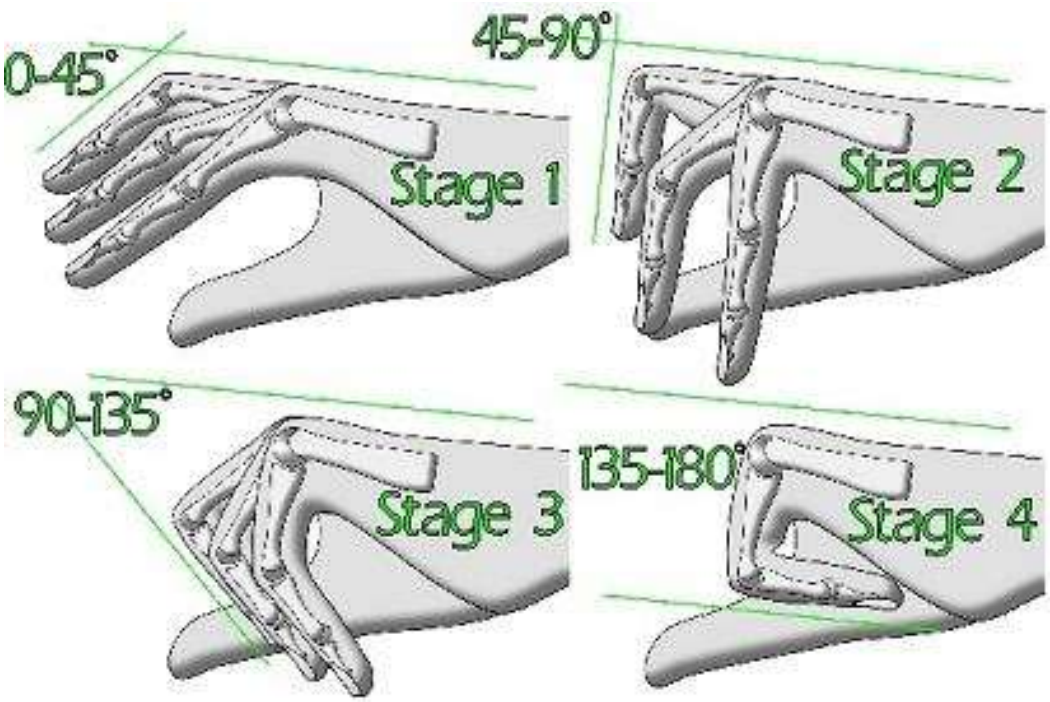

Figure 1 (http://www.dupuytren-online.info/images/tubiana_stages.JPG)

Who's affected

Dupuytren's contracture is fairly common. It can affect both sexes, but affects men more than women. The condition usually occurs during later life, although cases have been reported in children. Most cases occur in men over 50 and women over 60.

The condition seems to be more common in people of North European descent. It's thought the gene associated with the condition was brought to the UK by the Vikings.

Surgical Options

Treatment

Treatment for Dupuytren's contracture is usually only required if the condition affects the function of your hand. Many cases are mild and don't need to be treated. The treatment used largely depends on the severity of the condition. In milder cases that require treatment, non-surgical treatments or a minor procedure called a needle fasciotomy may be recommended.

For more severe cases, surgery is an effective and widely used treatment. The two most common surgical procedures are an open fasciotomy and a fasciectomy.

Complications of surgery

If your surgery is complex and extensive, your risk of developing complications will be greater than if you have a more minor procedure.

For needle fasciotomy, the rate of complications is low, at around 1%. For fasciectomy, studies have found complication rates to be higher, from around 5%. Some possible complications include:

- splitting the skin with the needle during a needle fasciotomy
- damage to the nerves supplying sensation to your fingertips – the nerves can be repaired, but it's unlikely the fingers will recover their full sensation
- joint stiffness – this can be helped with hand therapy
- wound failure – the wound or graft failing to heal (more likely to occur if you smoke)
- infection of the wound – usually treated with antibiotics
- haematoma – a blood-filled swelling that forms as the wound heals, usually in the palm; it can be drained to reduce the swelling
- scarring
- complex regional pain syndrome – a rare complication that causes the hand to become painful, stiff and swollen after surgery; it usually resolves within a few months, although it can sometimes be permanent
- finger loss (although this is very unlikely)

Recurrence

Surgery can help improve hand function in people affected by contractures, but it doesn't stop the process that caused the contracture to develop in the first place. Therefore, there's a chance the condition may return in the same place, or it may reappear somewhere else after treatment.
Recurrence is more likely to occur in younger people, people who had a severe contracture and those with a strong family history of the condition.

The chances of the condition returning after surgery also depend on the specific procedure you had. Dupuytren's contracture recurs in more than half of people who have a type of minor procedure called a needle fasciotomy, but only about one in three people who have a fasciectomy. A dermofasciectomy is associated with the lowest risk of recurrence, with the condition reappearing in less than 1 in 10 people after the procedure. (NHS Choices, 2015)

Collagenase Clostridium Histolyticum for treating Dupuytren's Contracture (Xiapex)

NICE published the technology appraisal guidance [TA459] on the 26 July 2017.
The recommendations made are:

1.1 People who meet the inclusion criteria for the ongoing clinical trial (HTA-15/102/04), comparing collagenase clostridium histolyticum (CCH) with limited fasciectomy, are encouraged to participate in the study.

1.2 For people not taking part in the ongoing clinical trial, CCH is recommended as an option for treating Dupuytren's contracture with a palpable cord in adults only if all of the following apply:

- *There is evidence of moderate disease (functional problems and metacarpophalangeal joint contracture of 30° to 60° and proximal interphalangeal joint contracture of less than 30° or first web contracture) plus up to 2 affected joints.*
- *Percutaneous needle fasciotomy (PNF) is not considered appropriate, but limited fasciectomy is considered appropriate by the treating hand surgeon.*
- *The choice of treatment (CCH or limited fasciectomy) is made on an individual basis after discussion between the responsible hand surgeon and the patient about the risks and benefits of the treatments available.*
- *One injection is given per treatment session by a hand surgeon in an outpatient setting.*

1.3 These recommendations are not intended to affect treatment with CCH that was started in the NHS before this guidance was published. Adults having treatment outside these recommendations may continue their current course without change to the funding arrangements in place for them before this guidance was published, until they and their NHS clinician consider it appropriate to stop.

The recommendation of this policy is that all suitable patients should be encouraged to take part in this trial following discussions with the clinical specialist

POLICY CRITERIA – COMMISSIONED

CRITERIA BASED ACCESS

The ICB will agree to fund surgical intervention for Dupuytren's where the following criteria have been met:

1. The patient has a 20 degree, or greater, fixed flexion deformity at either the metacarpophalanageal joint or proximal interphalangeal joint.

AND

2. a) The patient cannot flatten their fingers or palm on a table.

OR

b) There has been rapid progression over a few months.

Collagenase Injections (Xiapex®) is commissioned in line with NICE [TA459]

which says :

1. ***Patients should be encouraged to take part in trial as recommended by NICE***
2. ***For people not taking part in the ongoing clinical trial, CCH is recommended as an option for treating Dupuytren's contracture with a palpable cord in adults only if all of the following apply:***

- *There is evidence of moderate disease (functional problems and metacarpophalangeal joint contracture of 30° to 60° and proximal interphalangeal joint contracture of less than 30° or first web contracture) plus up to 2 affected joints.*
- *Percutaneous needle fasciotomy (PNF) is not considered appropriate, but limited fasciectomy is considered appropriate by the treating hand surgeon.*
- *The choice of treatment (CCH or limited fasciectomy) is made on an individual basis after discussion between the responsible hand surgeon and the patient about the risks and benefits of the treatments available.*
- *One injection is given per treatment session by a hand surgeon in an outpatient setting*

Radiation therapy is not routinely commissioned for this intervention and would require an EFR application to be submitted for funding consideration.

For more guidance please see https://remedy.bnssgICB.nhs.uk/

Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy.

Individual cases will be reviewed at the ICB's Exceptional Funding Panel upon receipt of a completed application form from the patient's GP, Consultant or Clinician. Applications cannot be considered from patients personally.

Due Regard

In carrying out their functions, the Bristol North Somerset and South Gloucestershire Commissioning Policy Review Group (CPRG) are committed to having due regard to the Public Sector Equality Duty (PSED). This applies to all the activities for which the ICBs are responsible, including policy development and review.

Consideration has been given to this policy and the development process of the above criterion following the recent NHSE Evidence-Based Interventions (EBI) recommendations and local clinicians have confirmed that this criteria supports the recommendations made in regard to the current clinical evidence available.

If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Customer Services Team on: **0117 900 2655** or **0800 073 0907** or email them on **BNSSG.customerservice@nhs.net .**

Connected Policies

Surgical Correction for Trigger Finger in Adults: Treatment will not be offered under this policy. Clinician's should refer to the intervention specific policy.
Carpal Tunnel Syndrome Surgery: Treatment will not be offered under this policy. Clinician's should refer to the intervention specific policy.

This policy has been developed with the aid of the following references:

Ash. (2016). *Ash.org.uk.* Retrieved Sept 24, 2018, from www.ash.org.uk: www.ash.org.uk/briefings

BSSH. (2019, April). *BSSSH - Dupuytren's disease*. Retrieved May 9, 2019, from BSSH : https://www.bssh.ac.uk/_userfiles/pages/files/Patients/Conditions/Elective/dupuytrens_disease_leaflet_2016.pdf

Crean SM1, G. R. (2011, Jun). *NCBI - The efficacy and safety of fasciectomy and fasciotomy for Dupuytren's contracture in European patients: a structured review of published studies*. Retrieved May 9, 2019, from NCBI: https://www.ncbi.nlm.nih.gov/pubmed/21382860

England, N. (2019, January 11). *NHSE EBI Document.* Retrieved May 8, 2019, from NHS England: https://www.england.nhs.uk/wp-content/uploads/2018/11/ebi-consultation-response-document-v2.pdf

http://www.dupuytren-online.info/images/tubiana_stages.JPG. (n.d.). Retrieved 08 08, 2017

Krefter, M. H. (2017, October). *NCBI - Complications after treating Dupuytren's disease. A systematic literature review.* Retrieved May 9, 2019, from NCBI: https://www.ncbi.nlm.nih.gov/pubmed/28917432

NHS Choices. (2015, May 29th). *Dupuytren's contracture - Treatment* . Retrieved from NHS Choices: http://www.nhs.uk/Conditions/Dupuytrens-contracture/Pages/Surgery.aspx

NICE. (2004, February). *NICE - Needle fasciotomy for Dupuytren's contracture*. Retrieved May 9, 2019, from https://www.nice.org.uk/guidance/ipg43

NICE. (2017). *https://www.nice.org.uk/guidance/TA459/chapter/1-Recommendations.* Retrieved 08 08, 2017, from https://www.nice.org.uk/guidance/TA459/chapter/1-Recommendations

NICE. (DEC 2016). *Radiation therapy for early Dupuytren's disease.* Retrieved from https://www.nice.org.uk/guidance/indevelopment/gid-ipg10022/documents

Rodrigues JN1, B. G. (2015, December 9). *NCBI - Surgery for Dupuytren's contracture of the fingers.* Retrieved May 9, 2019, from NCBI: https://www.ncbi.nlm.nih.gov/pubmed/26648251

Scherman P, J. P. (2018, October). *NCBI - Three-year recurrence of Dupuytren's contracture after needle fasciotomy and collagenase injection: a two-centre randomized controlled trial.* Retrieved May 9, 2019, from NCBI: https://www.ncbi.nlm.nih.gov/pubmed/30012049/

Skov ST, B. T. (2017 , May). *NCBI - Injectable Collagenase Versus Percutaneous Needle Fasciotomy for Dupuytren Contracture in Proximal Interphalangeal Joints: A Randomized Controlled Trial.* Retrieved May 9, 2019, from NCBI: https://www.ncbi.nlm.nih.gov/pubmed/28473158

Strömberg J, I. S. (2018, July 8). *NCBI - Percutaneous Needle Fasciotomy Versus Collagenase Treatment for Dupuytren Contracture: A Randomized Controlled Trial with a Two-Year Follow-up.* Retrieved May 9, 2019, from NCBI: https://www.ncbi.nlm.nih.gov/pubmed/29975270

Thelwall, S. (2015). Impact of obesity on the risk of wound infection following surgery: results from a nationwide prospective multicentre cohort study in England. *Clinical microbiology and infection : the official publication of the European Society of Clinical Microbiology and Infectious Diseases*, vol. 21, no. 11, p. 1008.e1.

van Rijssen AL, G. F. (2006, May). *NCBI - A comparison of the direct outcomes of percutaneous needle fasciotomy and limited fasciectomy for Dupuytren's disease: a 6-week follow-up study*. Retrieved May 9, 2019, from NCBI: https://www.ncbi.nlm.nih.gov/pubmed/16713831

van Rijssen AL1, t. L. (2012, February). *NCBI - Five-year results of a randomized clinical trial on treatment in Dupuytren's disease: percutaneous needle fasciotomy versus limited fasciectomy.* Retrieved May 9, 2019, from NCBI: https://www.ncbi.nlm.nih.gov/pubmed/21987045

Von Campe, A., Kende, K., Omaren, H., & Meuli-Simmen, C. (2012). Painful Nodules and Cords in Dupuytren Disease. *The Journal of Hand Surgery*, 1313-1318.

OPCS Procedure codes

Procedures challenged in this policy:
OPCS Code: T521, T522, T525, T526, T528,T529, T541, T561,T562,T568,T569,T571,T572,T573,T574,T578,T579, Z894, Z895, Z896, Z897
Relevant diagnoses for this policy:
ICD10 Code: M720
Diagnoses for which the above procedures are permitted:
ICD10 Codes: There are no appropriate Codes for the clinical criteria.