

Dupuytren's Contracture Release In Adults

Criteria Based Access

Before consideration of referral for management in secondary care, please review advice on the Remedy website (www.remedy.bnssg.icb.nhs.uk/) or consider use of advice and guidance services where available

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

Treatment is not indicated in cases where there is no contracture, and in patients with a mild (less than 20°) contractures, or one which is not progressing and does not impair function.

An intervention (needle fasciotomy, fasciectomy and dermofasciectomy) should be considered for:

- a. finger contractures causing loss of finger extension of 30° or more at the metacarpophalangeal joint or 20° at the proximal interphalangeal

or

- b. severe thumb contractures which interfere with function

NOTE:

1. Radiation therapy and splinting for established disease are not commissioned as there is no strong evidence of effectiveness.
2. Collagenase is not commissioned as this is no longer routinely available in the UK

For more guidance please see <https://remedy.bnssg.icb.nhs.uk/>

BRAN

For any health- related decision, it is important to consider “BRAN” which stands for:

- **B**enefits
- **R**isks

- Alternatives
- Do Nothing

Benefits

The aim of treatment is to straighten the affected fingers and restore hand function and to prevent the contracted fingers from becoming so bent that they cannot be straightened with any treatment.

Risks

Open surgery to release the fibrous cords is done under anaesthetic. Incisions are made in the hand to remove the diseased tissue and straighten the fingers. This carries some risks including infection, numbness and finger stiffness. In about 1:3 cases, the condition recurs within five years.

Alternatives

There are two alternatives, the first involves cutting through the fibrous band with a needle to allow the finger to be straightened under a local anaesthetic. The second is to inject a drug into your contracted finger to dissolve part of the fibrous band. The finger is then pulled straight by your surgeon a few days later under local anaesthetic. Neither treatment is as effective in straightening the finger as open surgery and both have higher risks of recurrence. The risk of a major problem is much lower with needle treatment than surgery.

Do Nothing

Remember, you always have the option to do nothing. Doing nothing is an equally reasonable option to doing something. Sometimes “not yet” is a good enough answer until you gather more information.

Dupuytren's Contracture Release In Adults – Plain Language

Summary

Dupuytren's contracture is a condition caused by fibrous cords which form in the palm of the hand and fingers. These draw the finger or fingers and sometimes the thumb into the palm and prevent them from straightening fully. Affected fingers will not straighten again without treatment and may gradually bend further and further into the palm. It is not usually a painful condition, but it does reduce hand function.

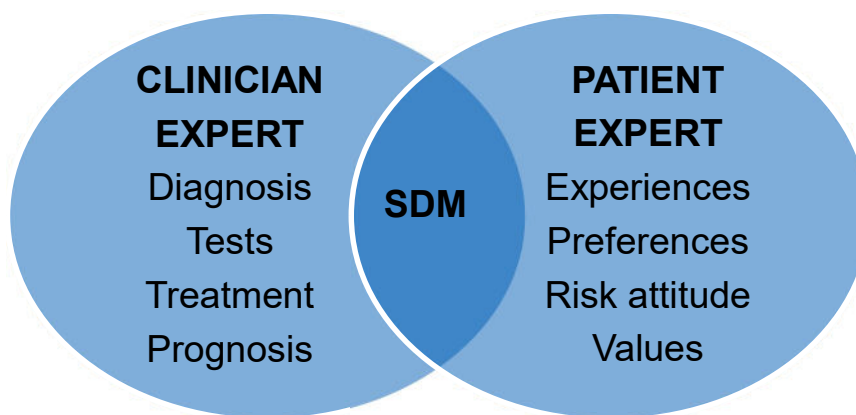
Treatment is recommended if the symptoms become troublesome. This is usually when the deformity prevents you from being able to put your hand flat on a table. However, if contractures are left to get too severe then treatment is less likely to be successful. If your fingers do start to contract, you should ask your GP to refer you to a hand surgeon who will be able to explain the

benefits and risks of the possible treatments and what is likely to happen if you do nothing. This will allow the two of you to come to a shared decision as to which treatment, if any, is best for you.

Shared Decision Making

If a person fulfils the criteria for assessment / surgery it is important to have a partnership approach between the person and the clinician.

Shared Decision Making (SDM) is the meeting of minds of two types of experts:



It puts people at the centre of decisions about their own treatment and care and respects what is unique about them. It means that people receiving care and clinicians delivering care can understand what is important to the other person.

The person and their clinician may find it helpful to use 'Ask 3 Questions':

1. What are my options? (see sections above)
2. What are the pros and cons of each option for **me**?
3. How can I make sure that I have made the right decision?

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

1. National Health Service (2021) Health A to Z: Dupuytren's contracture [online] www.nhs.uk/conditions
2. NICE (2021) Needle fasciotomy for Dupuytren's contracture (IPG43) www.nice.org.uk
3. NHS England (2019) NHSE EBI Document www.ebi.aomrc.org.uk/interventions/
4. National Library of Medicine (2011) The efficacy and safety of fasciectomy and fasciotomy for Dupuytren's contracture in European patients [online] (21382860) www.pubmed.ncbi.nlm.nih.gov
5. National Library of Medicine (2017) Complications after treating Dupuytren's disease. A systematic literature review [online] (28917432) www.pubmed.ncbi.nlm.nih.gov

6. National Library of Medicine (2015) Surgery for Dupuytren's contracture of the fingers [online] 26648251) www.pubmed.ncbi.nlm.nih.gov
7. National Library of Medicine (2019) Three-year recurrence of Dupuytren's contracture after needle fasciotomy and collagenase injection [online] (30012049) www.pubmed.ncbi.nlm.nih.gov
8. National Library of Medicine (2017) Injectable Collagenase Versus Percutaneous Needle Fasciotomy for Dupuytren Contracture in Proximal Interphalangeal Joints [online] (28473158) www.pubmed.ncbi.nlm.nih.gov
9. National Library of Medicine (2018) Percutaneous Needle Fasciotomy Versus Collagenase Treatment for Dupuytren Contracture [online] (29975270) www.pubmed.ncbi.nlm.nih.gov
10. National Library of Medicine (2006) A comparison of the direct outcomes of percutaneous needle fasciotomy and limited fasciectomy for Dupuytren's disease [online] (16713831) www.pubmed.ncbi.nlm.nih.gov
11. National Library of Medicine (2012) Five-year results of a randomized clinical trial on treatment in Dupuytren's disease: percutaneous needle fasciotomy versus limited fasciectomy [online] (21987045) www.pubmed.ncbi.nlm.nih.gov
12. National Library of Medicine (2019) Painful nodules and cords in Dupuytren disease [online] (22560560) www.pubmed.ncbi.nlm.nih.gov
13. The British Society for Surgery of the Hand (2019) Dupuytren disease [online] www.bssh.ac.uk

Due regard

In carrying out their functions, the Bristol, North Somerset and South Gloucestershire Clinical 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.

Document Control

Title of document:	Dupuytren's Contracture Release in Adults
Authors job title(s):	Commissioning Policy Development Support Officer
Document version:	2324.02.01
Supersedes:	1920.1.02
Discussed at Commissioning Policy Review Group (CPRG):	25.07.2023
Approval Route (see <u>Governance</u>):	1
Approval Date:	25.07.2023
Date of Adoption:	01/09/19
Publication/issue date:	25.07.2023
Review due date:	Earliest of either NICE publication or three years from approval.

OPCS Procedure codes

Must have any of (primary only):

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.

Support

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.