



## **Needle fasciotomy for the correction of Dupuytren's contracture**

You've been listed for an operation called Needle fasciotomy of Dupuytren's contracture. This is a minimally invasive way of treating and correcting the deformity in your finger. You should have received most of the information during your last consultation with me. While the procedure is successful for the vast majority of patients, there is a small risk of complications. As part of the consent process I will explain some common and/or significant complications to you. This list doesn't include every single complication that could possibly occur, but will focus on the important ones. While it is important that you understand the risk of complications, this shouldn't put you off having the operation, as the potential benefits of successful surgery by far outweigh the small risk of complications. Please don't hesitate to get in touch with me if you've got any further questions about this.

**Infection:** There is always a small risk of infection following any surgery. Since there is no incision and you will only have 2 or 3 puncture wounds from a needle the risk is very minimal. If the wound should become red/hot/swollen/painful following the operation you should see myself, your GP or a Doctor in the A&E department for advice. A short course of Antibiotics will usually eradicate the infection.

**Nerve damage:** There are two small nerves running on either side of a finger and there is a small risk of damaging them. Accidental damage of the nerves is a very rare problem, but this could potentially leave you with numbness in the finger. Although some damaged nerves can be repaired, recovery is usually slow and often incomplete. The risk of nerve damage is higher in revision surgery.

**Artery damage:** There are two small arteries running on either side of a finger and there is a small risk of damaging them. This is a rare problem and the artery is usually too small to be repaired. If one of two arteries gets damaged it is not a problem as the remaining artery will supply enough blood to the finger. If for some reason both arteries get damaged the blood supply to that finger will stop and the finger may have to be amputated. This is extremely rare. The risk of artery damage is higher in revision surgery.

**Tendon damage:** Underneath the diseased tissues are the flexor tendons that bend your finger. In theory it's possible to cut through the tendons during the procedure. This is an extremely rare complication. If the tendon tears, you will need surgery to repair the tendon followed by a long rehab process.

**Incomplete correction:** Not every patient will get full correction of the deformity. That depends on factors like the severity of the deformity, the length of time the finger has been deformed and also on which joint is affected. If a joint has developed a contracture (shortening and stiffening of joint capsule and ligaments) as a result of a longstanding finger deformity, it is much more difficult to achieve full correction of any deformity. If the needling procedure should fail, there are ways of helping you with open surgery.

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[www.jf-ortho.co.uk](http://www.jf-ortho.co.uk)

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[www.advancedshoulderclinic.co.uk](http://www.advancedshoulderclinic.co.uk)

[www.orthobiologicsclinic.co.uk](http://www.orthobiologicsclinic.co.uk)

**Stiffness:** Most patients will very soon develop excellent function and a full range of movement in the operated finger. Stiffness is a rare problem following needle fasciotomy.

**Recurrence:** Surgery doesn't cure Dupuytren's disease; the procedure simply helps straightening a deformed finger. You will continue to have Dupuytren's disease for the rest of your life and it is likely that you will get a recurrence either in the same finger or in other fingers. Unfortunately, there is no cure for Dupuytren's, all the different ways of treating this condition only straighten bent fingers. If recurrence of Dupuytren's should cause significant problems again, treatment is possible. The risk of recurrence following a needle fasciotomy is higher than following traditional open surgery, but since this is a minimally invasive procedure with a far lower risk of complications and a much more straightforward rehab process, it's still worthwhile going ahead.

**Pain syndrome:** This is a rare but potentially disabling problem. It is a poorly understood condition where patients experience pain out of proportion following surgery. In severe cases this can also cause stiffness of the fingers. While intensive Physiotherapy can help most patients to control the symptoms, very few patients can be left with severe pain and stiffness leading to long-term disability.

**Likely outcomes:** Most patients are much improved, but as with any surgery there is always a very small risk of a poor outcome.

**Following Surgery:** You should be able to go home on the same day.

**Bandages:** You can remove all dressings and bandages the day after the procedure. You can then also get your hand wet.

**Sutures:** There are none.

**Mobilisation:** You should be able to mobilise straight away without any major restrictions.

**Pain killers:** Your pain levels should be fairly low and normal painkillers like Paracetamol are likely to suffice.

**Problems following surgery:** Phone the ward for advice on 01625 505416

If you would prefer to discuss this again with me prior to treatment then please contact my secretary: Tel 07935 480188, email [jfortho.secretary@gmail.com](mailto:jfortho.secretary@gmail.com)

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