

# **Argus Orthopaedic Zone**

## **Contracture of the Hand**

By Thomas J. Haverbush, M.D.  
Orthopaedic Surgeon

### ***Transforming patient information into patient understanding.***

Dupuytren's contracture is a condition of the hand that is hard to pronounce and even harder to understand. As a member of the hand family you don't want to know this mean, unpredictable uncle who is definitely a blacksheep of the family. O K, never mind how to pronounce it. You can leave that up to me; as well as how to spell it.

#### **What is it?**

It is a gradual thickening of the tough tissue in the palm of the hand. This tissue is called fascia and is located right under the skin. Fascia is a type of fibrous tissue, which you don't know is present. It is strong and protective of the vital structures beneath it; several nerves, nine tendons and many muscles.

When this fascia tissue, which you don't even realize you have, begins to change and form lumps and very thick bands, you have met Dupuytren's.

#### **Symptoms**

The gradual change in the fascia can begin to pull the fingers down into the palm. This can cause important restriction of finger straightening. Pain can result with pressure on the palm as in grasping or holding objects. Weakness in the hand follows as the contracture process worsens.

The ring finger is most often affected followed by the little finger. Other fingers can also be affected.

The fingers usually flex normally and sensation in the fingers is usually normal unless carpal tunnel syndrome is present.

#### **Cause**

You inherit it in most cases. Trauma can accelerate the process. In a few cases it might cause it.

#### **Conservative Treatment**

This is one of very few conditions I treat for which there is no good conservative treatment. Splinting is useless.

In mild cases it is alright to delay surgery if the patient wishes. However, it is better to perform surgery sooner than later for the best outcome.

### **Surgery**

Surgery for Dupuytren's disease is in a word problematic. Why?

Where do I begin?

The diseased thick fascia is stuck to the skin like glue. The nerves going to the fingers are extremely close to this mess and sometimes stuck to it. The affected finger joints can be stiff and remain so even after the fascia is removed.

The dissection can be tedious and scary for the above reasons.

How can you make the hand normal or even near normal in this disease? Answer is obvious. You can't. The surgeon tries to make this condition better. And you hope it doesn't come back because it is almost impossible to remove all of the bad, thick fascia that is so stuck to surrounding structures. But if it does come back it is not because it is a tumor, because it never is cancer.

Sutures remain in place for about ten days and use of the hand is very limited for three to four weeks.

### **Outcome**

I don't want the class to feel that the outlook is hopeless because it isn't. Our surgical technique has to be meticulous (and it is!).

Never was it more necessary to make the patient and family aware of the factors I have covered. As we have often stated, "an educated patient is our best result".

Much more information is available on the office teaching website [www.orthopodsurgeon.com](http://www.orthopodsurgeon.com), which can take you to Your Orthopaedic Connection.

Our goal is simple - To help people return to more pain free functional lives.

Good health. Good life. All the best to you.

Be well.

Dr. Haverbush

