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Fasciectomy for the correction of Dupuytren's contracture

You've been listed for an operation called Fasciectomy of Dupuytren's contracture. You should have received most of the information during your last consultation with me. While the operation 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. The risk is small. 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.

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. Sometimes there is a limit to what surgery can achieve.

Stiffness: Most patients will very soon develop excellent function and a full range of movement in the operated finger. In patients with severe and longstanding deformities it can sometimes be difficult to achieve satisfactory function, even after lengthy physiotherapy. Again: sometimes there is a limit to what surgery can achieve.

Scar tenderness: This can sometimes be a problem. Most patients will respond to physiotherapy.

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Recurrence: Surgery doesn't cure Dupuytren's disease; the operation 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 Dupuytrens, 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.

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.

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

Bandages: You will have a plaster bandage incorporating your finger and wrist. This will leave all other fingers free and will allow you to use your hand a little bit. Approximately 7-10 days following surgery you will see either me or the hand therapist to remove the plaster bandage.

Sutures: They are absorbable. There is usually no need to formally remove the sutures.

Mobilisation: Keep your hand elevated, especially in the first couple of days when the tendency to swell up is strongest. You can mobilise as pain allows. Get your hand involved in light daily activities as soon as the pain subsides. Build up your activity levels slowly. The hand therapist will give you further exercises to help you developing normal function again in the weeks following surgery.

Pain killers: You will get some to take home from the ward. They work best when you take them early before it's really painful. Take some painkillers before you go to bed. If pain levels are high: Take painkillers regularly to keep the blood levels high. If pain levels are low: Take painkillers as and when required.

Problems following surgery: Phone the ward for advice.

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

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