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PATIENT LEAFLET - DUPUYTREN'S SURGERY

MORE INFORMATION CAN BE FOUND AT WWW.MRTHOMASCHAPMAN.COM

WHO THIS LEAFLET IS FOR?

This leaflet is for anyone who is recovering from, or is about to undergo surgery to treat syndrome. The following information is designed to help you make the important decisions about your recovery - such as when you should go back to work, and generally just get back to enjoying life the way you like it. Your surgeon, GP and other healthcare professionals will offer you a lot of very good advice - but ultimately it's you that has to make the decision. The advice in this leaflet offers broad guidelines for people who do not have any complications with their surgery, or other specific medical circumstances, such as a long-term condition. Obviously, every individual has different needs and recovers in different ways - so not all the advice in this leaflet will be suitable for everybody.

WHAT TO EXPECT AFTER THE OPERATION

Scar

The operation involves zig-zag cuts in the palm over the affected fingers extending into the fingers if necessary. I will demonstrate this to you in the consultation.

Dressings

You are likely to be discharged with a dressing that supports and protects the incision but which leaves the fingers free for movement. Dressings should be kept dry so, when bathing, it is advisable to cover your dressing using a large-sized rubber glove or a plastic bag.

Rehabilitation

After your operation you will likely be working with a physiotherapist, who will monitor your specific needs. However, some general rules that are useful for everyone are:

- Hand elevation is important to prevent swelling and stiffness of the fingers
- Please remember not to walk with your hand dangling, or to sit with your hand held in your lap
- It is fine, however, to lower your hand for light use and you should get back to normal light activities as soon as possible as guided by common sense
- It is safe to use the fingers for day-to-day activities such as eating, dressing, brushing your hair which prevents stiffness and swelling.

Symptoms

The pain and tingling you experienced at night before the operation should settle immediately.

Stitches

Your stitches will be removed at about 10 to 14 days after the operation. If you are a self-paying or insured patient this will be done by the hospital and arranged before you leave. If you are an NHS patient, this will have to be done at your local surgery by the practice nurse and you will have to make the appointment yourself.

Recovery

You will find that your grip is weaker than before the operation and slightly uncomfortable. This can be a bit frustrating but you should be back to full power by about 12 weeks as healing occurs. Exercises, such as squeezing balls, will not speed the process and indeed if overdone can delay recovery

THINGS THAT WILL HELP YOU TO RECOVER MORE QUICKLY

Eat healthily and stop smoking

Eating a healthy diet will help to ensure that your body has all the nutrients it needs to heal. By not smoking - even if it's just for the time that you're recovering - you immediately start to improve your circulation and your breathing - not to mention a whole list of other benefits to the heart and lungs.

Family and friends

Practical help with the tasks you might be temporarily unable to do while you recover - such as driving, the weekly shop, or lifting heavier items.

Keeping Your Spirits Up - the novelty soon wears off being home alone all day, and it's easy to feel isolated by this. Having company can help you to worry less. It's important not to let anxiety set in, as it can become a problem in itself which stands in the way of you getting back to your normal routine.

Keep A Routine

Get up at your normal time in the morning, get dressed, move about the house. If you get tired, you can rest later.

Build Up Gradually

Have a go at doing some of the things you'd normally do, but build up gradually. Obviously, everyone recovers at a different speed, so not all of the suggestions will be suitable for everybody.

RETURNING TO WORK

Fact: Work can be part of your recovery

Everyone needs time off to recover after an operation - but too much of it can stand in the way of you getting back to normal. In fact, by staying off for too long, people can become isolated and depressed. Getting back to your normal work routine sooner rather than later can actually help you to recover more quickly.

Getting back to work

How quickly you return to work depends on a number of things:

- How you heal and the number of fingers operated on
- The type of job you do, and how much strain it places on your hands.

People whose work involves frequent and heavy use of the hands or a lot of heavy lifting, or typing, for example, will not be able to return to work as quickly as those who have jobs which place less strain on their hands.

How soon can I go back?

Every person recovers differently and has different needs. As general guidance, you can anticipate returning as follows:

Supervisory, managerial: 1 to 2 weeks

Light manual - clerical or secretarial work: 2 to 4 weeks

Medium manual - cleaner, carer, nurse, check-out operative: 4 to 6 weeks

Heavy manual: 6 to 10 weeks

Custodial or rescue services: 6 to 10 weeks

If your employer has an occupational health nurse or doctor they will advise you on this. Alternatively your GP can give you advice. Ultimately, it's your decision when you want to go back, and there's no insurance risk to your employer if you choose to do so sooner rather than later.

Depending on the nature of your job, you might want to ask your employer about returning to work on lighter duties at first. This means avoiding tasks which put a strain on the hands, for example typing, using the telephone, or lifting more than 5kg at a time, amongst other things.

If you have an HR Department at work, they will be able to advise you on how your absence might affect any benefits you may be receiving during your time off.

DRIVING

Your insurance company should be informed about your operation. Some companies will not insure drivers for a number of weeks after surgery, so it's important to check what your policy says. Before resuming driving, you should be free from the sedative effects of any painkillers you may be taking. Before you go out on the road, it's worth sitting in the driving seat - without putting the key in the ignition - and testing how comfortable you are in the driving position. In particular, you should be able to comfortably control the steering wheel. It is advisable not to restart driving with a long journey. You must be able to safely control your car, including freely performing an emergency stop.

RECOVERY TRACKER - A guide

1-2 days

You will at first be experiencing some discomfort around the cuts in the palm and fingers. The pain at the incision will start to settle although you will experience more discomfort if you use the hand too heavily. You may need tablet painkillers regularly until this abides. The hand and fingers will be swollen. During this time you should focus on maintaining movement in the fingers and thumb. Try to use the hand for light activities such as reading, holding a glass, or even light use of a computer keyboard. The hand should be kept up at times when it is not being used.

3-14 days

The pain at the incision should be settling although you will experience discomfort if you use the hand too heavily. You should have recovered some finger movement and any swelling should be settling. During this time, you should be able to start to use the hand for normal daily activities such as eating, dressing, brushing your hair and teeth.

Pain should be used as a guide for what activities are performed and how long for.

2-12 weeks

Your stitches and dressing will have been removed. The scars may become lumpy, firm, tender and pink. The intensity and length of the period of 'scar immaturity' is very variable but it usually settles after about three months. It can be helped by massaging the scar and surrounding area firmly with the moisturising cream. Once dressings and stitches are removed, it is safe to get the hand wet in a bath or shower. During this time, you should gradually step up your use of the hand, again being guided by comfort.

12 weeks

If you haven't had any complications to do with your surgery, and you're still off work, it's possible that you're feeling anxious about returning to work and could do with a bit of help from your GP and your employer. Talk to them both about a gradual return to work. If you're off for too long, there's a risk of developing problems to do with anxiety, isolation, and lack of confidence. These could affect your quality of life in the long term. Talk to your doctor about how best to avoid this becoming a problem for you.

WHAT ARE THE POSSIBLE COMPLICATIONS?

Possible complications of surgery include

- **Prolonged pain, stiffness and swelling.** This will normally eventually settle but you may require more physiotherapy, more support at home and more time off work. In special circumstances this may be attributed to the way nerves react to trauma, something called complex region pain syndrome, or CRPS in short. If the joints in the hand have been bent for some time by the disease process, they may have seized in this position and any improvement in their position and mobility after surgery will be limited.
- **Wound infection.** Bacteria can enter open wounds and if spread cause a wound infection. This can make you feel unwell, hot, and typically cause the wounds to become more red and swollen usually from 4-5 days after surgery until the wounds have sealed at around two weeks. If you have concerns see your GP. Usually infection can be treated at home with tablet antibiotics but rarely patients need to be admitted to hospital for a short duration. Infection can delay wound healing.
- **Bleeding.** Cautery is used at the time of surgery to stop bleeding blood vessels but occasionally they can start to bleed after surgery. Some bruising is to be expected. A small amount of bleeding will normally stop with pressure on the wound but 1% of cases will need to return to theatre due to a build up of blood under the skin, called haematoma.
- **Nerve damage.** Any operation near a nerve has the potential to damage it, either temporarily or permanently, although the latter is uncommon. This could lead to permanent weakness or numbness in the thumb and fingers
- **Wound healing.** Occasionally parts of the wound break down and will need a period of dressings changed regularly at your local practice. The wounds will eventually heal and this is more an inconvenience than a major setback.
- **Vessel damage.** Each finger has two blood vessels supplying it. If both are damaged in surgery there is a risk of the finger dying and needing amputation. This is more common in revision surgery but still rare, well under 1% of cases.
- **Recurrence.** The disease process is poorly understood and recurrence can occur in the operated area or in new areas. The risk of this in younger patients may be as much as 50%. Fasciectomy as opposed to fasciotomy (see Dupuytren's Information leaflet) has a better chance of prolonged success.