

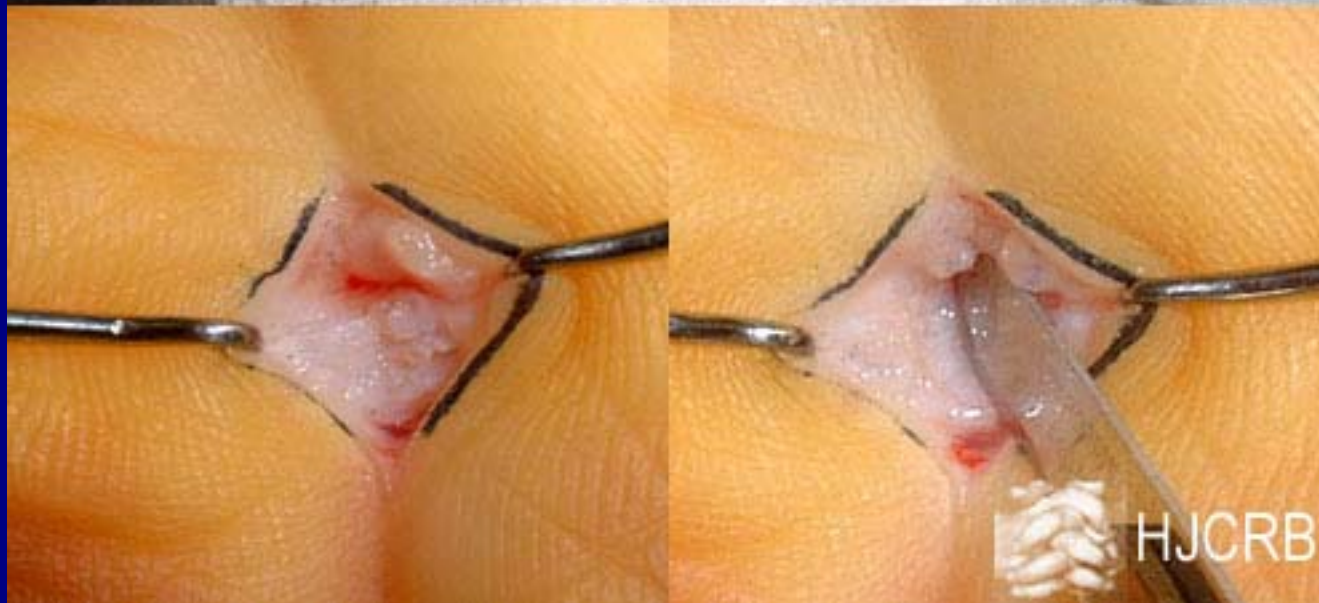
Fasciotomy

Open

Percutaneous



HJCRB







Fasciotomy

Open

Percutaneous

Synonyms

Needle fasciotomy

Needle aponeurotomy

Percutaneous fasciotomy

Indications

Well defined bands
Palmar involvement
Mild contractures
MCPJ involvement
Unfit or disabled patients
Adjunctive

Contra-indications

Skin infiltration

Recurrent digital disease

Recurrence in young patients

PIPJ involvement

Severe contractures

Fixed joints

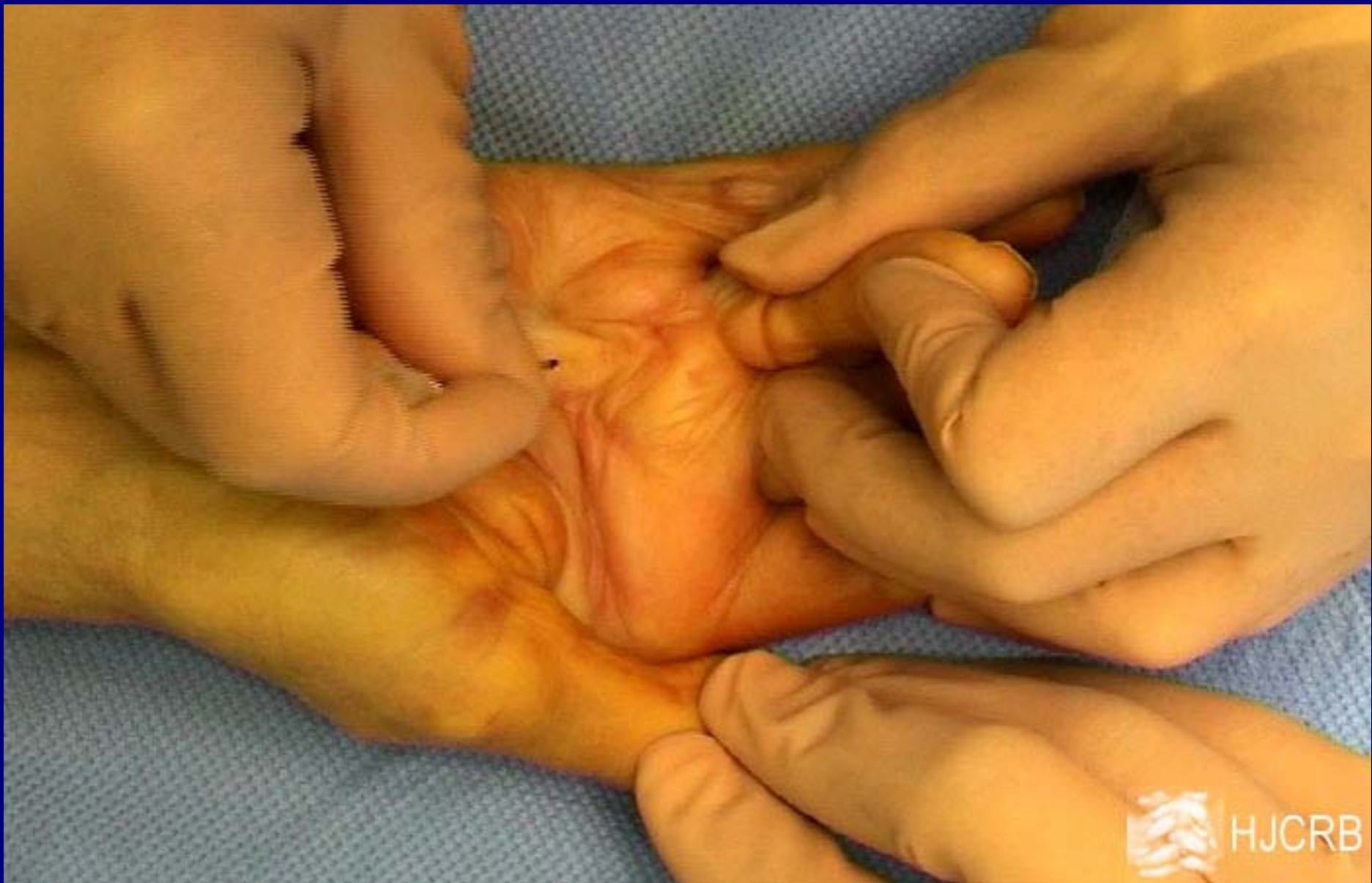














HJCRB



HJCRB











HJCRB





HJCRB







Aftercare

Light dressing

Early mobilisation

Splinting in more advanced cases

Complications

Tearing of puncture wound

Bleeding and bruising

Incomplete correction

Recurrence

Infection

Nerve damage

Scar tenderness

Tendon damage

Stiffness

Dystrophy

Overview

We conclude that percutaneous needle fasciotomy has excellent results in the short term but recurrence occurs frequently and at a relatively early stage.

Journal of Hand Surgery 2006, 31B, 498–501.

Overview

Needle fasciotomy has found its place next to fasciectomy. Providing the cord is easily accessible; elderly patients (even if the expected correction is incomplete), those with mild disease (especially with only a metacarpophalangeal deficit), those who need a stick or a palmar support to walk and patients who have associated pathologies can benefit from this technique.

Chirurgie de la Main 2001, 20, 206–211.

Overview

It is certainly a simple and quick method with a short sick leave period, limited care requirements and a low overall cost. Despite the media pressure, this must not obscure its drawbacks and contraindications. In order to retain its safety, it must be performed by practitioners who understand anatomy and the pathological anatomy of the aponeurosis in Dupuytren's contracture, and who are capable of using the full range of treatment options in order to avoid inappropriate broadening of the indications.

Chirurgie de la Main 2001, 20, 206–211.