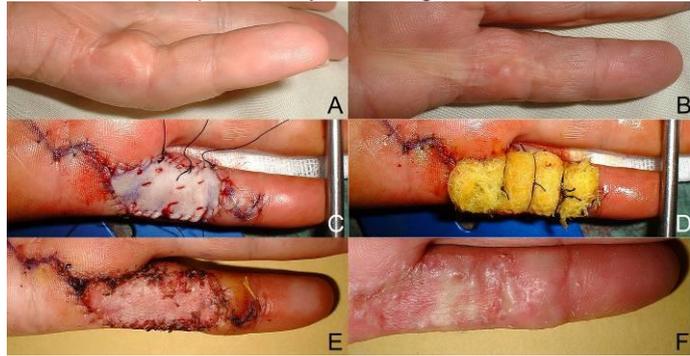


## DERMOFASCIECTOMY

You will have your Dupuytren's contracture corrected by removal of the abnormal fascia and the overlying involved or scarred skin. The palm skin will be replaced by a skin-graft that is taken from the upper arm.

Local anaesthetic will be injected around the site of operation and therefore this area and the nearby fingers will remain numb for up to ten hours after surgery. 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.



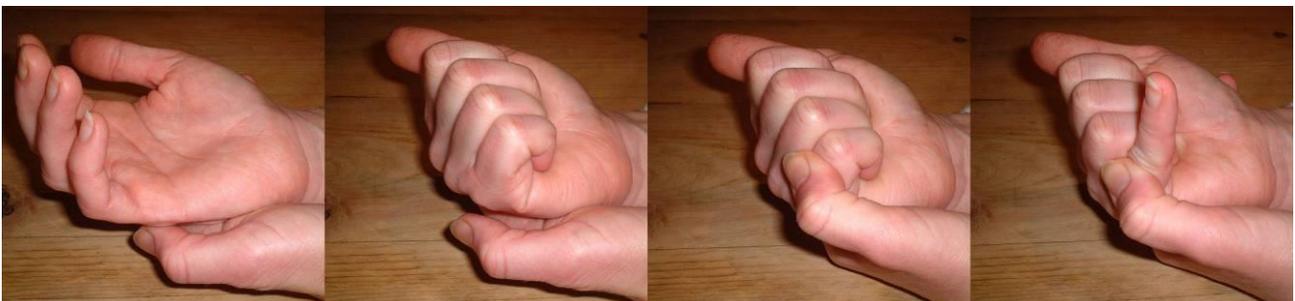
The hand will be initially be rested in a bulky dressing, consisting of gauze, wool, plaster and crepe bandage. You will have a small dressing where the graft was taken. This can be removed after five days. The hand dressing will be removed after seven days. It will then usually be left open at this stage except for the skin graft, which is protected by a "tie-over" dressing of wool.

At this time, you will see the Occupational Therapist who will fit you with a splint that will rest the skin-graft, which at this stage does not like movement. It is advisable to place a piece of gauze on the splint and between adjacent fingers to prevent sweating and/or skin maceration, which encourage infection. You can use the rest of the hand for gentle activities. You are strongly advised to lead a quiet life during the early weeks of healing.

The tie-over dressing will be removed after about 10-14 days to allow the graft to be checked. Initially, the graft is very bruised and flat. You will be allowed to remove the splint during the day. However, it needs to be worn at night and at times in the day if you the feel the hand is vulnerable to knocks (out shopping, grand-children visiting, etc.). The graft often remains rather delicate for another week. Look out for any redness or tenderness in the area, which might indicate an infection. Do not apply antiseptic. Please contact my secretary if you have any worries.

Once dressings are removed, it is safe to get the hand wet in a bath or shower but avoid contact with soap and shampoo. The wound and the surrounding skin can become dry and flaky. If this occurs, briefly immerse the whole hand in water to which a small quantity of baby-oil has been added. Commercial moisturisers (e.g. E45, Nivea) are best avoided until the wound has healed as they can irritate fresh wounds. Your stitches will be dissolving by about two weeks after your operation.

If the graft looks satisfactory, gentle movements of the operated fingers will be started. The diagrams show the most effective way of recovering finger movements. By first bending the knuckle joint, finger extension can be achieved more efficiently and without stretching the scar. Blistering of the graft can occur and suggests that the exercises should be eased off.



You can usually begin using the hand for normal activities including driving a car after three to four weeks as long as you are comfortable and have regained good finger movements. Once healed, the scar may become lumpy, firm, tender and pink, which can be helped by massaging the scar and surrounding area firmly with a moisturizing cream of your choice. A splint will need to be worn at night for twelve weeks to help keep the finger straight. Timing of your return to work is variable according to your occupation and you should discuss this.