

DUPUYTRENS SURGERY

PRIOR APPROVAL REQUIRED

Treatment is not indicated in cases where there is no contracture and in patients with mild (less than 30 degree) contractures, or one which is not progressing and does not impair function.

Funding will be available for treatment when:

- The patient has a ≥ 30 -degree fixed flexion deformity at either the metacarpophalangeal joint or proximal interphalangeal joint or a severe thumb contracture.

AND

- The patient has significant functional impairment*.

OR

- There has been rapid progression over a few months.

*Significant functional impairment is defined as:

Symptoms preventing the patient fulfilling activities of daily living or conducting vital domestic or carer activities

All treatments aim to straighten the finger(s) to restore and retain hand function for the rest of the patient's life. However, none cure the condition which can recur in operated digits or in previously uninvolved areas of the hand. Recurrence is more likely in younger patients; if the original contracture was severe; or if there is a strong family history of the condition.

After surgery, the hand may be fitted with a splint to be worn at night. Hand therapy is important in recovering movement and function, especially for more extensive surgery and skin grafts. (The British Society for Surgery of the Hand)

Radiation therapy for early Dupuytren's disease is not normally funded due to limited evidence. <https://www.nice.org.uk/guidance/IPG368>

Primary care must obtain funding before referring patients to secondary care providers and secondary care providers must satisfy themselves that the patient has funding secured prior to seeing the patient. This is to ensure inappropriate out-patient appointments are avoided and patient expectations are properly managed.