

How painful is it?

There is only intermittent discomfort during the procedure. The shots sting for a few seconds then the skin is numb. The cords do not have feeling so it does not hurt when they are cut. If your joints are very bent, they will hurt to be stretched. A small amount of anesthetic and steroid is injected into the joint prior to stretching it.

What will my hand look like after the procedure?

If everything goes as planned, your fingers should be straighter. The needle sites will be covered with small adhesive bandages. Your fingers will have some degree of numbness from anesthetic given at the end of the procedure. This may last until the day after your procedure.

AFTERCARE

First 48 hours

Rest:

You should rest your hand as much as possible for the 24hrs after the procedure. Light use of the hand for eating, dressing, and using the bathroom are allowed. You may get the hand wet in the shower the evening of the procedure.

Ice and Elevate:

These are the key to a pain free recovery. Keep your hand elevated, with your fingers pointing up, as much as possible for the first 48 hours. You should also ice the palm of your hand with something cold every hour for 10 minutes at a time for the first 48 hours. You do not need to disturb your sleep to ice unless there is discomfort.

Bandages and Washing:

Keep your hand dry for a few hours after the procedure. If you get your bandages wet, take them off and leave them off. Avoid swimming or submerging your hand under water in the bath during the first 48 hours.

The First Week:

Activity:

Avoid strenuous activities for one week after the procedure. This includes any activity requiring twisting of the hand, strong grip, or pushing and pulling. To reduce the risk of infection avoid activities that make your hand sweaty, dirty, or exposed to any chemicals (exercise, gardening or working in the garage, cleaning, etc.).

Splinting:

Use of a brace or splint at night may be recommended if you have several fingers involved or significant joint contracture. If this is recommended it is usually used for eight to twelve weeks.



Night splint

Medications:

Usually prescription pain medications are not needed after the procedure. Acetaminophen (Tylenol) or Ibuprofen (Advil, Motrin) can be used as needed if not contraindicated.

FOLLOW UP

Week after the procedure

Call the office to let us know how you are progressing.

Three months after the procedure

Send or email photographs of your hands so we can follow your progress.



Two weeks post NA after use of night splint (samepatient as in first pictures)

Dupuytren's Clinic of Nevada

Grabow Hand to Shoulder Center

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Dupuytren's Clinic of Nevada

at the

Grabow Hand to Shoulder Center

Needle Aponeurotomy

*Dupuytren's Contracture Release
Without Surgery*

702 - 433 - 9533

Significant contracture



Immediately after 30 minute procedure



No incision

Light use same day

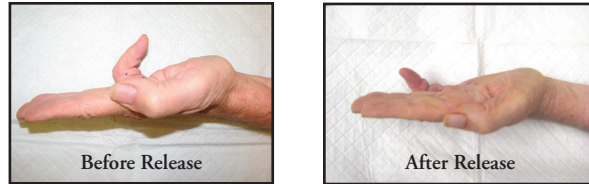
Ryan Grabow, MD

Hand to Shoulder Specialist

Board Certified

DUPUYTREN'S CONTRACTURE

Just beneath the skin of the palm, there is a cloth like layer called fascia, which reinforces the skin. Dupuytren's causes this fascia to shrink, which pulls the fingers down into a bent position.



Actively shrinking areas are called nodules, and feel like a callus. Cords are the end result of the shrinking, and feel like strings under the skin. The long, ring, and little fingers are most commonly affected, but all digits on the hand can be involved.

Staging

Tubiana staging adds the degree of bend of the MCP (big knuckle) and PIP (first finger joint). The higher the staging the more advanced the disease. The staging helps predict the ability to achieve full extension of the involved digits after any treatment (surgery or NA).

Treatment

You cannot cure Dupuytren's contracture. All treatments focus on correcting the contracture to improve function and appearance.

Open surgery

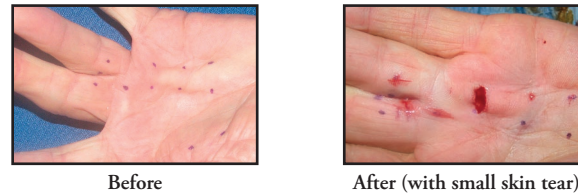
The tight fascia is removed in open surgery. This works well for most people, but has a long recovery and complications such as stiffness, numbness, wound breakdown, and prolonged inflammation are common. Despite removing the diseased fascia, the problem returns on average at least half the time, regardless of the type of treatment.



Open surgery wound, one week postop

Needle Aponeurotomy (NA)

This is a minimally invasive procedure to cut the tight cords beneath the skin as one might cut tight threads which have bunched up in a sheet of fabric. The cut ends of the cord separate under the skin, which allows the finger to become straighter.



Every additional cut in the cord allows the finger to straighten a bit more. The goal is to perform as many releases as possible while minimizing scar tissue.

Needle Aponeurotomy is not a cure for Dupuytren's. On average, it has a shorter recovery and lower complication rate than open surgery, but recurrences occur sooner than after traditional open surgery, and traditional surgery may still be needed in the future. Complications may include skin tears, inflammation, and rare nerve irritation.

PROBLEMS SIMILAR TO DUPUYTREN'S

Boutonniere Deformity

The extensor tendon system over your PIP joint does not work properly due to injury or disease. You are unable to extend the PIP and when you try to extend it your DIP (finger tip joint) extends tightly.



Trigger Finger

The flexor tendons to the finger are inflamed. You may have pain in your palm at the base of the finger and the finger may be difficult to open fully or close to a fist. A snap is felt when you extend the finger.

Sagittal Band Rupture

The tissue that holds the extensor tendon on top of the MCP is torn and allows the tendon to slip between the MCP joint of that finger and the one next to it. The finger will be flexed at the MCP and cannot be extended, but if placed in extension you can hold it there.

NEEDLE APONEUROTOMY

PREPARING FOR THE PROCEDURE

Can I eat?

Yes. A light meal before the procedure is safe.

Where is it done?

Most often the procedure is done in the office. However, in some circumstances your procedure will be performed under local at the hospital or surgery center.

Do I have sedation?

No. Your cooperation during the procedure is essential to maintain its safety. If you take anti-anxiety medications (Valium, Xanax, etc.), or need to take these medications before dental procedures, it is a good idea to take them before the procedure.

Do I need antibiotics?

If your doctor recommends you take antibiotics before dental procedures, because of joint replacement, heart disease, or other medical problem, it is appropriate to take that medication before this procedure. Dr. Grabow cannot prescribe this medication before seeing you as a patient. You will need to obtain prescriptions for these medications before your procedure visit.

Do I have to stop any medications?

Usually not. If you take medications such as aspirin, vitamin E, or blood thinners such as Coumadin, Plavix, or Fragmin let us know prior to your visit. If your medication levels are appropriate, usually they do not need to be stopped prior to this procedure.

What if I have skin problems prior to the procedure?

The skin on your hand must be clean and free of recent insult prior to the procedure. Injuries, wounds, burns, insect bites, or healing areas involving the palm may prevent you from having the procedure. Contact us if your skin condition is in question.

THE OFFICE VISIT

How long does it take?

Usually the entire encounter takes about 2 hours.

Examination and Discussion

The first portion of the office visit consists of review of your medical history, examination, photography, measuring your fingers, planning the procedure, and discussion of the nature of Dupuytren's disease, treatment options, possible complications, probable outcome, and answering any other questions that you might have.

Procedure

The second portion of the visit is the actual procedure, followed by final photography, review of outcome and aftercare.

THE PROCEDURE

What actually is done?

While resting comfortably in our procedure bed, small marks are made on your hand with a marking pen to plan the location of needle entry. Your hand is cleaned with antiseptic and positioned on sterile towels. Your skin will then be numbed at the pen marks with a tiny needle and local anesthetic. Using a needle in the areas that were numbed, the cords under the skin are cut. At the end of the procedure, anesthetic and steroid will be injected into these areas to prevent pain and swelling.

What do I do during the procedure?

We want you to be relaxed during the procedure. Dr. Grabow will play soothing music during the procedure per your request, and will encourage you to talk as much or as little as you desire. In order to help minimize the chance of nerve irritation or injury you will need to tell Dr. Grabow if you feel anything painful, and specifically if you feel any tingling, numbness, or pain in your fingertips.