

Dupuytren's Surgery

Commissioning decision	The ICB will provide funding for Dupuytren's surgery for patients who meet the criteria defined within this policy.
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Policy statement:

The ICB will agree to fund a request for treatment when the following criteria are met:

- Finger contractures causing loss of finger extension of 30° or more at the metacarpophalangeal joint or 20° at the proximal interphalangeal joint.

OR

- Severe thumb contractures which interfere with function.

Rationale:

Dupuytren's contracture is a fairly common condition that causes one or more fingers to bend into the palm of the hand.

Contractures left untreated usually progress and often fail to straighten fully with any treatment if allowed to progress too far. Complications causing loss, rather than improvement, in hand function occur more commonly after larger interventions, but larger interventions carry a lower risk of need for further surgery.

The policy has been aligned to the national Evidence Based Interventions (EBI) guidance for Dupuytren's contracture. [Dupuytren's contracture release in adults - EBI \(aomrc.org.uk\)](http://aomrc.org.uk)

Plain English Summary:

Dupuytren's contracture is a condition that affects the hands and fingers. It causes one or more fingers to bend into the palm of the hand. It can affect one or both hands and it can sometimes affect the thumb.

Dupuytren's contracture occurs when the connective tissue in the palm thickens. Often the tissue thickens in one small area first and a "nodule" forms (a small, hard lump about 0.5- 1cm) under the skin of the palm. The nodule sometimes feels tender to begin with, but this usually passes. The nodules are non-cancerous (benign) and the condition is not life-threatening for those who develop it, although it can be a nuisance to live with.

Over time, the nodules can extend and form cords of tissue. These cords can shorten (contract) and, if the cords run along a finger or thumb, they can pull it so it becomes bent towards the palm. These contractures are often mild and painless, but they can get steadily worse over time. Sometimes, the term Dupuytren's disease (palmar fibromatosis) is used instead of Dupuytren's contracture, because not everyone with the condition will develop contractures.

Many cases of Dupuytren's contracture are mild and don't need treatment. Treatment may be helpful if the condition is interfering with the normal functioning of your hand. Non-surgical treatments include radiation therapy and injections with a medication called collagenase.

Alternatively, a minor procedure that involves using a needle to cut the contracted cord of tissue (needle fasciotomy) may be used in the early stages of the condition. In more severe cases, surgery can help restore hand function. Surgery for Dupuytren's contracture cannot always fully straighten the affected finger or thumb and the contracture can recur after surgery.

As most patients do not need treatment for Dupuytren's disease, treatment is restricted to those

Policy Category:**CBA****Who usually applies for funding?****Not Applicable**

with the most severe symptoms, or those exhibiting rapid disease progression.

If your doctor believes that you meet the criteria set out in this policy the ICB will fund your treatment.

Evidence base:

EBI guidance available at the following link - [Dupuytren's contracture release in adults - EBI \(aomrc.org.uk\)](https://www.aomrc.org.uk)

Similarity to other local ICB policies – Bristol, South Gloucestershire, Bath and Northeast Somerset.

NICE Guidance on Needle Fasciotomy for Dupuytren's Contracture Interventional Procedure Guidance 43, February 2004

W A Townley, R Baker, N Sheppard, A O Grobbelaar. Clinical Review. Dupuytren's contracture unfolded. *BMJ* 2006; 332:397–400

For further information please contact glicb.ifr@nhs.net

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Policy sign off:

Reviewing Body	Date of review
Effective Clinical Commissioning Policy Group	March 2023
System Clinical Effectiveness Group	June 2023
System Quality Committee	19 October 2023

Version control:

Version No	Type of change	Date	Description of change
2	Review date	Jan 2020	Review date changed to Jan 2023
3	Policy type	11.6.20	Policy type changed from CBA/PA to CBA as from 1.7.2020.
4	Major wording change and review date	21.03.2023	Policy brought in-line with EBI Guidance. Review date changed to March 2026