



DUPUYTREN'S CONTRACTURE OPEN RELEASE

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Important Instructions Following Surgery:

- After surgery, the wrist and hand will be in a light dressing or possibly splint. Please DO NOT remove this for the first 1-3 days. Try to keep the bandage clean and dry.
- To minimize swelling, keep the hand elevated to shoulder level.
- When sitting or lying, you should use a pillow to support you surgically affected extremity.

1 – 3 Days Post-Op:

- Remove post-op dressings and cover with a light dressing or band-aid. No antibiotic or general ointments for 2 weeks.
- Patient instructed to keep wound clean and dry. No immersion in water. Avoid heavy soaking in pools, hot tubs, dishwasher for 2 weeks.
- Evaluate sensation.
- Edema reduction, including tubigrip and/or co-ban, UE elevation, and active ROM.
- Static hand-based extension splint (to be worn for 3 months at night)*
- Begin active and gentle passive range of motion of digits, *
 - including “place and hold” exercises for digit flexion and extension
 - intrinsic stretches
- Patient education regarding stages of wound healing, effect of scarring on tendon glide, need to minimize edema, and signs of infection.
- Precautions: no resistive activities or activities that apply shear forces until wounds are healed.
- Frequency of hand therapy: 1-2 times per week.

14 Days Post-Op:

- At the end of 2 weeks, follow-up with PA-C for suture removal.
- Suture removal (possibly ½ of sutures, based on wound healing)
- Continue range of motion, edema control, and wound care.
- If wounds are healed, consider use of elastomer insert for splint. No need for silicone gel pad, if using elastomer.
- Begin scar massage, when wounds are well-healed.

3 – 12 Weeks:

- Continue night extension splinting, with adjustments as needed
- If using elastomer insert, fabricate new inserts as range of motion increases
- May begin use of light therapy to increase range of motion.
- Follow-up with MD for post-op appointment to assess ROM and scar healing
- Begin strengthening at 12 weeks, if needed

**For those patients without full active PIP joint extension and history of long-standing PIP contracture, consider possibility of central slip attenuation (Boutonniere Deformity, Zone 3 Extensor Tendon repair). The following protocol MUST be cleared with physician prior to initiating treatment.

- Dressings removed at first post-op visit.
- Fabricate finger based PIP joint extension splint, with DIP joint free
 - Splint to be worn at all times, except for dressing changes
 - No PIP joint flexion for 6 weeks
 - Gradually increase PIP joint flexion