

## CLINICAL POLICY ADVISORY GROUP (CPAG)

### Surgical Treatment of Dupuytren's Contracture Policy

#### Statement

Derby and Derbyshire ICB, in line with its principles for Evidence Based Interventions (EBI), has deemed that the surgical treatment of Dupuytren's contracture should not routinely be commissioned unless the criteria listed below are met:

Severity	Symptoms	Treatment
<b>Mild</b>	<ul style="list-style-type: none"> <li>No functional problems</li> <li>No contracture or mild metacarpophalangeal joint (MCPJ) contracture (&lt;30°)</li> </ul>	<ul style="list-style-type: none"> <li>No treatment beyond reassurance and observation</li> </ul>
<b>Moderate</b>	Functional problems interfering with daily living and one of the following: <ul style="list-style-type: none"> <li>Moderate MCPJ contracture (&gt;30°&lt;60°)</li> <li>Moderate proximal interphalangeal joint (PIPJ) contracture (&gt;30°)</li> <li>First web contracture</li> </ul>	<ul style="list-style-type: none"> <li>Needle fasciotomy for MCPJ contracture</li> <li>Referral for limited fasciectomy if rapidly progressing</li> </ul>
<b>Severe</b>	Severe functional impairment and one of the moderate conditions from above along with the following must apply: <ul style="list-style-type: none"> <li>Severe contracture of both MCPJ (&gt;60°) and PIPJ (&gt;30°)</li> </ul>	<ul style="list-style-type: none"> <li>Limited Fasciectomy</li> <li>Dermofasciectomy</li> </ul>

These commissioning intentions will be reviewed periodically. This is to ensure affordability against other services commissioned by the ICB.

## 1. Background

Dupuytren's contracture is caused when the fibrous band in the palm becomes thicker and less flexible, which draws the finger(s), and sometimes the thumb, into the palm and prevents them from straightening fully (AOMRC, November 2018). Dupuytren's contracture mainly affects the ring and little fingers. The condition can affect more than one finger and it can occur in both hands at the same time. The condition tends to get slowly worse over many months or years. The exact cause is unknown, but it's been linked to:

- A family history of the condition
- Smoking
- Alcohol
- Diabetes
- Epilepsy

It is not known if Dupuytren's contracture can be prevented from occurring or reoccurring. Treatment cannot usually help in the early stages. The aim of treatment is to restore hand function and prevent progression, as the underlying disease will remain. If not treated the finger(s) may bend so far into the palm that they cannot be straightened. All treatments aim to straighten the finger(s) to restore and retain hand function for the rest of the patient's life (AOMRC, November 2018).

## 2. Recommendation

**Patients should be referred in the first instance to the Musculoskeletal Clinical Assessment and Triage Service (MSKCATS), where further clinical input is required.**

Onward referral to Secondary Care can be completed by MSK-CATS if deemed necessary. Management of Dupuytren's contracture will depend on the stage of the disease and the ICB will only fund treatment for Dupuytren's Contracture according to the three stages described in table\* below:

Severity	Symptoms	Treatment
<b>Mild</b>	<ul style="list-style-type: none"><li>• No functional problems</li><li>• No contracture or mild MCPJ contracture (&lt;30°)</li></ul>	<ul style="list-style-type: none"><li>• No treatment beyond reassurance and observation</li></ul>
<b>Moderate</b>	Functional problems interfering with daily living and one of the following: <ul style="list-style-type: none"><li>• Moderate MCPJ contracture (&gt;30°&lt;60°)</li><li>• Moderate PIPJ contracture (&gt;30°)</li><li>• First web contracture</li></ul>	<ul style="list-style-type: none"><li>• Needle fasciotomy for MCPJ contracture</li><li>• Referral for limited fasciectomy if rapidly progressing</li></ul>
<b>Severe</b>	Severe functional impairment and one of the moderate conditions from above along with the following must apply: <ul style="list-style-type: none"><li>• Severe contracture of both MCPJ (&gt;60°) and PIPJ (&gt;30°)</li></ul>	<ul style="list-style-type: none"><li>• Limited Fasciectomy</li><li>• Dermofasciectomy</li></ul>

\*Historical definition locally approved by the Clinical Policy Advisory Group

## 3. Rationale for Recommendation

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 (AOMRC, November 2018).

As the disease progresses there are several treatment options available in secondary care, which include needle fasciotomy, fasciectomy and dermofasciectomy. The complication rate is 19% after needle fasciotomy, 17% after fasciectomy and 12% after dermofasciectomy ([NICE CKS, August 2022](#)).

[NICE CKS](#) guidance has been last reviewed in August 2022. No new evidence has been identified that would warrant a revision of the recommendations. Currently the recommendation is no treatment for people with Dupuytren's disease who do not have contracture or any significant loss of function.

[The British Society for Surgery of the Hand \(BSSH\) guidance](#) has updated December 2023. The guidance lists contracture thresholds for surgery. These thresholds are not reflected within the DDICB policy as BSSH have confirmed that their recommendations are based on clinician consensus and low-quality evidence.

[The Academy of Medical Royal Colleges \(AOMRC\) Evidence-based Interventions guidance](#) has been updated in September 2024. The updated recommendations are also not reflected within the current DDICB policy as AOMRC have confirmed that their recommendations are based on clinician consensus and supported by evidence as per 2019 EBI guideline.

[NICE IPG43](#) has endorsed the use of needle fasciotomy for Dupuytren's contracture. The evidence indicates that individuals with less severe disease and/or with MCPJ contracture benefited most from this procedure.

## 4. Personalised Care

[Personalised care](#) simply means that people have more control and choice when it comes to the way their care is planned and delivered, considering their individual needs, preferences and circumstances. It includes supporting shared decision making and self-management.

[Shared decision-making](#) means people are supported to:

- understand the care, treatment and support options available and the risks, benefits and consequences of those options.
- decide on a preferred course of action, based on evidence based, good quality information and their personal preferences.

[Supported self-management](#) means increasing the knowledge, skills and confidence a person has in managing their own health and care. This involves using self-management education, peer support, and health coaching.

[Decision support tools](#), also called patient decision aids support shared decision making by making treatment, care and support options explicit. They provide evidence-based information about the associated benefits/harms and help patients to consider what matters most to them in relation to the possible outcomes, including doing nothing.

## 5. Useful Resources

- NHS Website Dupuytren's Contracture <https://www.nhs.uk/conditions/dupuytren-s-contracture>
- British Society for Surgery of the Hand [https://www.bssh.ac.uk/patients/conditions/25/dupuytren-s\\_disease](https://www.bssh.ac.uk/patients/conditions/25/dupuytren-s_disease)
- Patient.info Website <https://patient.info/doctor/dupuytren-s-contracture-pro>
- [NHS England » Decision support tools: making a decision about Dupuytren's contracture](#)

- Patient Information, Dupuytren's contracture release in adults, Academy of Medical Royal Colleges, updated September 2024, accessed 01/04/25, [Dupuytren's contracture release in adults - EBI](#)

## 6. References

- NICE CKS Dupuytren's Contracture, updated August 2022, accessed 24/03/25 <https://cks.nice.org.uk/topics/dupuytren-s-disease/>
- NICE IPG43 Needle fasciotomy for Dupuytren's contracture, published 25/02/04, accessed 24/03/25, <https://www.nice.org.uk/guidance/ipg43>
- [NHS England » Personalised care](#), accessed 24/03/2025
- [NHS England » Decision support tools](#), accessed 24/03/2025
- Dupuytren's disease hand surgery, British Society for Surgery of the Hand, updated December 2023, accessed 01/04/25, [2023-12-11\\_Hand-surgery\\_Pathway\\_Dupuytren-s.drawio.pdf](#)
- Dupuytren's contracture release in adults, Academy of Medical Royal Colleges Evidence-Based Interventions: Guidance for CCG's, published 28<sup>th</sup> November 2018.
- Dupuytren's contracture release in adults, Academy of Medical Royal Colleges, updated September 2024, accessed 01/04/25, [Dupuytren's contracture release in adults - EBI](#)

## 7. Appendices

### Appendix 1 - Consultation

All relevant providers/stakeholders will be consulted via a named link consultant/specialist. Views expressed should be representative of the provider/stakeholder organisation. CPAG will consider all views to inform a consensus decision, noting that sometimes individual views and opinions will differ.

Consultee	Date
Associate Clinical Director for Hand Surgery and Consultant Hand and PNI Surgeon (UHDBFT)	November 2024
Consultant Hand and Wrist Surgeon (UHDBFT) President British Society for Surgery of the Hand	November 2024
Clinical Lead MSK North Team (DCHSFT)	December 2024
Operations Lead (DCHSFT)	November 2024
Advanced Physiotherapy Practitioner, Clinical Lead for Derbyshire (DCHSFT)	November 2024
The British Society for Surgery of the Hand (BSSH)	February 2025
Academy of Medical Royal Colleges (AOMRC)	January 2025
Clinical Policy Advisory Group (CPAG)	May 2025

### Appendix 2 - Document Update

Document Update	Date Updated
<u>Version 5.0</u> <ul style="list-style-type: none"><li>Updated policy name to include the clinical intervention 'Surgical Treatment' in line with the other DDICB clinical policies</li><li>Section 4. Shared Decision-Making replaced with 'Personalised Care' and associated information</li><li>'Procedures of limited clinical value' wording replaced with 'Evidence Based Medicine'</li><li>Minor correction to the formatting of moderate criteria bullet point</li><li>Section 3. Rationale for Recommendation updated:<ul style="list-style-type: none"><li>to reflect the lack of robust evidence base supporting BSSH and AOMRC guidance</li><li>included live links/references to information sources</li></ul></li></ul>	May 2025