Derby and Derbyshire
Integrated Care Board

CLINICAL POLICY ADVISORY GROUP (CPAG)

Dupuytren's Contracture Policy

Statement

Derby and Derbyshire ICB, in line with its principles for procedures of limited clinical value has deemed that Dupuytren's Contracture should not routinely be commissioned unless the criteria listed below are met.

Severity	Symptoms	Treatment
Mild	• No functional problems • No contracture or mild MCP contracture (<30º)	• No treatment beyond reassurance and observation
Moderate	Functional problems interfering with daily living and one of the following:Moderate MCP contracture (>30º<60º) • Moderate PIP contracture (>30º) • First web contracture	• Needle fasciotomy for MCPJ contracture • Referral for limited fasciectomy if rapidly progressing
Severe	Severe functional impairment and one of the moderate conditions from above along with the following must apply: • Severe contracture of both metacarpo-phalangeal (>60º) joint and proximal inter-phalangeal joint (>30º)	• Limited Fasciectomy • Dermafasciectomy

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 by fibrous bands in the palm of the hand which draw the finger(s) (and sometimes the thumb) into the palm and prevent them from straightening fully. Dupuytren's contracture mainly affects the ring and little fingers and can affect more than one finger and it can occur in both hands at the same time. It tends to get slowly worse over many months or years. Treatment cannot usually help in the early stages and it is not known if it can be prevented from occurring or reoccurring, but treatment aim is restore hand function and prevent progression, as the underlying disease will remain.

Dupuytren's contracture happens when the tissue under the skin near your fingers becomes thicker and less flexible. The exact cause is unknown, but it's been linked to:

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

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.

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 below:

Severity	Symptoms	Treatment
Mild	• No functional problems • No contracture or mild MCP contracture (<30^{o})	• No treatment beyond reassurance and observation
Moderate	Functional problems interfering with daily living and one of the following:Moderate MCP contracture (>30^{o}<60^{o}) • Moderate PIP contracture (>30^{o}) • First web contracture	• Needle fasciotomy for MCPJ contracture • Referral for limited fasciectomy if rapidly progressing
Severe	Severe functional impairment and one of the moderate conditions from above along with the following must apply: • Severe contracture of both metacarpo-phalangeal (>60^{o}) joint and proximal inter-phalangeal joint (>30^{o})	• Limited Fasciectomy • Dermafasciectomy

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.

NICE CKS was revised in November 2020 - no new evidence was identified to change the recommendation. Currently the recommendation is no treatment for people with Dupuytren's disease who do not have contracture or any significant loss of function

As the disease progresses there are treatment options 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 IPG43 has endorsed the use of Needle fasciotomy for Dupuytren's contracture. The evidence indicates that individuals with less severe disease and/or with metacarpophalangeal joint contracture benefited most from this procedure – hence its recommendation for moderate Dupuytren's Contracture.

4. Shared Decision-Making

Shared decision-making ensures that individuals are supported to make decisions that are right for them. It is a collaborative process through which a clinician supports a patient to reach a decision about their treatment.

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 Dupuytrens Contracture https://www.nhs.uk/conditions/dupuytrens-contracture
- British Society for Surgery of the Hand https://www.bssh.ac.uk/patients/conditions/25/dupuytrens_disease
- Patient.info Website https://patient.info/doctor/dupuytrens-contracture-pro
- NHS England » Decision support tools: making a decision about Dupuytren's contracture

6. References

- NICE CKS Dupuytren's Contracture https://cks.nice.org.uk/topics/dupuytrens-disease/
- NICE IPG43 Needle fasciotomy for Dupuytren's contracture https://www.nice.org.uk/guidance/ipg43

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**
Consultant Surgeon UHDBFT	November 2021
Clinical Policy Advisory Group (CPAG)	November 2021
Clinical and Lay Commissioning Committee (CLCC)	December 2021
Consultant Upper Limb and Hand Surgeon UHDBFT	April 2024
Consultant Hand and Wrist Surgeon UHDBFT	April 2024
Clinical Policy Advisory Group (CPAG)	June 2024

Appendix 2 - Document Update

Document Update	**Date Updated**
Version 4.0 • Policy has been re-worded and reformatted to reflect the DDCCG clinical policies format. This includes the addition of background information, useful resources, references and consultation	October 2021
Version 4.1 • CPAG agreed to extend the review date of this policy by 12 months, in agreement with clinical stakeholders, due to reduced capacity within the Clinical Policies team. • Reference to Prior Approval removed	June 2024
Version 4.2 • Reference to Shared decision making added	September 2024