

Needle Aponeurotomy for Dupuytren's Disease Patient Handout

Before the Procedure

Food?



It is safe to eat before the procedure. In fact, you should eat something. For this type of procedure, you don't want or need an empty stomach. Just don't overdo it. Avoid eating foods that you think might not sit right with you or make you feel uncomfortable.

Medication?



If your regular doctor has recommended that you take prophylactic antibiotics before surgery because of joint replacement, heart disease, or other medical problems, it is appropriate to take that type of medicine before this procedure. You'll need to make arrangements with your primary care physician to obtain prescriptions for these types of medicines prior to your procedure. If you take aspirin, vitamin E, or blood thinners such as coumadin, or have any questions about your medications; please check with the Hand Center before your scheduled appointment.

Problem Skin?

If you have recent injuries, wounds, insect bites, or healing areas involving the palm of the hand or the fingers; it might not be safe to proceed with needle aponeurotomy because of the risk of possible infection. Please check with the Hand Center if you have any other similar issues which could jeopardize your procedure.

The Procedure:

How long does the procedure take?



The procedure typically takes about an hour. At first you will be seated in an exam room so that your history and physical exam can be reviewed. The physician will go over the details of the procedure as well as the risks, benefits, likely outcomes, and treatment options. The information contained in this hand out will also be discussed. Following completion of this and certain documentation forms, you will be able to undergo the procedure. The proposed needle aponeurotomy sites will be marked out on the skin by the physician, and you will be asked to wash your hands.

If there are medical issues or concerns that arise on the day of your procedure, it might be necessary, in rare instances, to reschedule the procedure to a later date. At the Hand Center or Western Massachusetts, our physicians do not do the *initial* evaluation and the procedure on the same day. The procedure must be scheduled at a later date.

What actually is done during the procedure?



The procedure is performed while you lie down on your back with your arm stretched out. The doctor may use a marking pen to make further dot marks on the skin where he plans to use the needle. He will then numb up the skin at these sites with a tiny needle and local anesthetic. The doctor will then work with a needle in the areas that were numbed to cut the fascial cords under the skin. At the end of the procedure, the doctor will give anesthetic and cortisone shots into these areas to prevent pain and swelling.

If you know that you have a shoulder, neck, or other problem that precludes you from lying face up and flat with your arm outstretched; please let the doctor know before the procedure begins.

What will I need to do?

Relax, listen to music, and talk as much as you like (if you like). The actual procedure is only typically uncomfortable for a few moments when small tiny needles are used for injections.

You should tell the doctor if you feel anything painful, and in particular if you feel any tingling or numbness in your fingertips – that will help minimize the chance of nerve irritation after the procedure.

Is it very painful?

Usually not. The little shots into the skin of the palm sting for only a few seconds, and take effect instantly. The fascial cords themselves have no feeling and don't hurt when they are cut. Joints which have been stiff or flexed down for some time, may be painful to stretch out. It often helps to give a small anesthetic shot into a joint before straightening it, especially if arthritis of the finger joints is present.

What will my hand be like at the end of the procedure?



If all goes well, your fingers should be straighter. The needle entry sites will be covered with small round bandaids or larger rectangular ones.

You may have some numbness in your fingers from the last set of shots at the end of the procedure, and this may last through into the next day.

After The Procedure:

That Day:

Bandaids can usually be removed and left off later on the same day.

You should be able to use your hand for light activities (eating, getting dressed, going to the bathroom) and get your hand wet in the shower on the day of the procedure.

First 48 hours:



Ice and Elevation are the keys to a painless recovery. On the day of and the day after the procedure, keep your hand pointing up as much as you can, and hold something cold in your hand every hour for 10 minutes at a time. After that take a 50 minute break.

Put the ice pack back in the freezer right away so it will be cold. This is important for the first and second day. If the ice pack feels too cold for your skin or it hurts, you can wrap it in a towel or facecloth. You do not need to apply ice when you go to sleep at night. However, you should begin this same icing regimen the next morning.

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At the Hand Center or Western Massachusetts we will give you a comfort gel cold pack which you may use with an ace wrap if you desire. If you do use an ace wrap with the ice pack, be sure not to overtighten the bandage. The printed instructions on the ice pack may differ.

Do not use this pack for heat. Do not apply heat to your hand.

You should try to keep your hands dry for a few hours after the procedure. If you get the band-aids wet, take them off and leave them off. If you are still getting a little bloody fluid from the puncture holes you can replace the bandaids with clean new ones, but most people won't need to do that.

Washing:

Avoid swimming, submerging, or prolonged soaking of your hand in the bath during this first 2 day (48 hour) period. You may wash and shower. Use gentle soap and water without vigorous scrubbing.

The First Week:

You should avoid strenuous activities with the hands for one week after the procedure. During this time, avoid activities which would make your hands sweaty, grimy, or exposed to harsh chemicals. This is very important to prevent infection.

Splinting:

Splinting your hand with a custom brace at night, in some instances, may be helpful if you have several

fingers involved, contractures of the PIP joints, severe contractures, or tendon imbalance. Full time splinting after needle aponeurotomy is seldom needed. Your doctor will advise you if he feels splinting is necessary following your procedure.

Medications:

Usually, there is no need for prescription pain medicine after the procedure. You should continue to take all of your regularly prescribed medication on schedule.

Follow up:

Before you leave the office on the day of your procedure, you will be given a follow-up appointment.

Questions?

As with any procedure or office visit, if any questions, issues or problems arise, please contact the office.