

INFORMATION & CONSENT

Dupuytren's Fasciectomy

After a Dupuytren's fasciectomy the diseased cord has been removed; the hand rests in a soft dressing while the straightened finger recovers.

Kieran Hirpara © ⓘ 4.0



At-a-glance recovery. Pooled from 42 published studies — your own pace will vary.

LIGHT DUTIES	MOST EVERYDAY ACTIVITIES	FINAL OUTCOME PLATEAU
desk work, driving, daily tasks	manual work, sport, gym	pain and strength
2-6 weeks	3-6 months	12 months
Return to light activities and desk work typically occurs within 2 to 6 weeks, with early range of motion improvements noted by 2 weeks.	Return to manual work and full strength typically occurs within 3 to 6 months as soft tissues settle and stiffness resolves.	Maximum functional recovery and plateau in range of motion are typically observed by 12 months post-surgery.

Why this operation has been suggested

Dr Kieran Hirpara, an upper-limb surgeon at Mater Private Hospital Rockhampton, starts with the least invasive options that suit your condition. Dupuytren's disease causes cords of tissue in the palm to tighten and pull one or more fingers into a bent position. A fasciectomy means removing that tightened tissue so the finger can straighten again. Patients are generally referred to our clinic by their GP; if a physiotherapist has suggested you see us, you will still need a referral from your GP in order to be eligible for the Medicare rebate. At your appointment we take a history, examine your hand and arrange imaging if it is needed.

We usually offer non-operative options first, such as hand therapy, splinting or injections. Surgery is considered when those have not given enough improvement, or when the deformity is already significant. We generally suggest it when a knuckle joint is bent 30 degrees or more, or when a middle joint of a finger has started to bend at all. The longer a finger stays bent, the greater the chance the contracture becomes permanent. Surgery aims to straighten the finger and restore hand function. Full or almost full correction is achieved in 75% of cases. We will discuss with you whether this operation suits your hand and your goals.

Before the operation

Before surgery you will need clear instructions about fasting. We ask you to have nothing to eat or drink for seven hours before your operation. This is a little longer than some practices ask for, because it lets us bring your surgery forward if the theatre list runs early. Your surgeon will tell you which of your regular medicines to stop and when, so bring a written list of everything you take. Arrange for someone to drive you home afterwards. Wear loose, comfortable clothing that is easy to put on. Some imaging, such as an X-ray, ultrasound or MRI scan, may be used to plan the operation. If you have other medical conditions, you may need blood tests or a review with the anaesthetist.

On the day

On the day of your operation you come to the hospital's surgical admissions unit. You are checked in there and prepared for theatre. You will then meet the anaesthetist, the doctor who looks after your sleep and comfort during surgery. This operation is done under general anaesthetic. You will be fully asleep for the operation. Some patients may also have a regional nerve block for post-operative pain relief; the anaesthetist decides on the day based on your individual circumstances.

After that you are taken into the operating theatre, where the operation is performed. When it is finished you wake up in the recovery area. Nurses watch over you there while the anaesthetic wears off. Once you are stable you either go to a ward or go home, depending on the procedure and how your recovery is going.

What the operation involves

A fasciectomy is done through a single cut over the area being operated on, usually in the palm or along the affected finger. Your surgeon removes the tightened cords of tissue that are pulling your finger into a bent position. Once that tissue is gone, the finger can be straightened.

The operation is tailored to your hand. If the disease has reached a middle joint of a finger, your surgeon works carefully around that joint as well. Sometimes a tight band of tissue near the joint keeps the finger bent even after the cords are removed; releasing that band can let the finger straighten further.

At the end of the operation, the cut is closed with stitches. A dressing goes over the wound before you leave theatre. You will keep that dressing on for about 10 days, and the 'After the operation' section explains what happens next.

After the operation

Most patients stay one night in hospital after this operation, though some are able to go home the same day. You wake up in the recovery area, where nurses keep an eye on you while the anaesthetic wears off. Your hand will be in a dressing and may feel stiff or sore; pain relief is arranged before you leave, and the team will explain

how to manage any discomfort. Keep your hand raised on pillows when resting, as this helps settle swelling. Someone should stay with you for the first 24 hours. We leave the dressing on for about 10 days; please do not take it off before then unless we tell you to. We change or remove it when we see you. You can move around the house as you feel able, using your other hand for daily tasks.

Recovery

Your hand will be sore and swollen for the first few days. This settles gradually. Keeping your hand raised on pillows helps, as does the pain relief arranged before you leave hospital. Many people find the discomfort is worst in the first days and eases steadily from there.

You will start gentle movement exercises soon after surgery. Hand therapy after this operation is with Ruby Doolan at Extend Rehabilitation. Ruby is a hand therapist: she will guide your exercises and make any splint you need. Doing these exercises little and often matters more than long sessions. They help the finger keep the straightness the operation gave it, and they help swelling settle.

Day to day, you will use your other hand for most tasks at first. Once the dressing comes off and the wound is comfortable, you can usually return to driving, provided you can grip and turn the wheel without protecting the operated hand. See our page on [Driving after upper-limb surgery](#). Returning to work depends on what your job involves; your therapist can advise when your hand is ready.

As movement returns, you will notice the finger straightening further and tasks like gripping a cup or holding a pen becoming easier. Recovery varies between individuals, and your timeline may differ. Your surgeon and your hand therapist will guide you at each review.

What can go wrong

Most patients do well, but problems can occasionally happen. Your surgeon and the team monitor you closely to spot any issue early.

The tightened tissue that causes Dupuytren's disease can grow back. If the finger starts bending again in the same place, or a new cord appears nearby, let us know at your next review. Sometimes a further procedure is needed to release it again. Bring it up early rather than waiting until the finger is badly bent, as treatment tends to be simpler when the problem is caught sooner.

Swelling under the skin after surgery can collect as a pocket of blood near the wound. You would notice a firm, tender lump that appears in the days after the operation, and the skin over it may look bruised or feel tight. If the swelling grows quickly or the pain worsens rather than eases, call the clinic. We may want to see you sooner than planned.

Some pain after surgery is normal, but it should ease steadily with the pain relief arranged before you leave. A deep, throbbing pain that does not settle, or pain that gets worse after the first few days, is worth reporting. Call the clinic so we can check the hand.

The wound itself needs watching while the dressing stays on. If you notice redness spreading out from the wound, fluid leaking through the dressing, or the hand becoming hot and increasingly tender, contact us. These can be signs of infection, which is easier to treat when found early.

Some people notice a clicking or catching feeling as the finger moves, or a sense that it is not straightening as far as it did soon after surgery. Mention this at your next review. It does not always mean anything is wrong, but it is worth recording so we can track how the hand is settling over time.

The complications table on this page lists typical rates if you want the specifics.

When to call us

Call us if you notice fever, redness spreading from the wound, or fluid leaking through the dressing. Call us if pain suddenly worsens or will not settle. Go to emergency if you have calf swelling or shortness of breath, as these can signal a blood clot. Go to emergency if your hand loses feeling, or you cannot move it at all. If something feels wrong and you are unsure, call the clinic. We would rather check early than have you wait.

Where to read more about the condition

This page is about the operation itself. The condition it treats, including what the evidence shows about when surgery helps and when it does not, is covered in more detail on the [Dupuytren's Disease](#) page.

Dupuytren's Fasciectomy

Complication rates from published literature

Pooled from 42 published studies. These are population-level rates, not your individual risk — your surgeon will discuss what applies to you.

COMPLICATION	REPORTED RATE	NOTES
Recurrence	12-47%	Dupuytren's disease can recur at the site of surgery or elsewhere in the hand, with recurrent disease significantly harder to treat surgically and having much higher complication rates.
Flare reaction	9.9%	An inflammatory response with pain, swelling, stiffness, and skin changes, with most cases resolving with elevation, therapy, and anti-inflammatory medications.
Incomplete correction or persistent stiffness	5-15%	Persistent contracture particularly at the PIP joint; more common with severe pre-operative deformity.
Joint stiffness or arthrofibrosis	5-10%	PIP joint stiffness from prolonged splinting or scarring.
Infection	4.8-17%	Wound infection occurs in 2.4% of primary cases (range 2-10% depending on severity); deep infections may require washout and prolonged antibiotics.
Reoperation rate	3-20%	Reoperation may be required for complications or recurrence, with the rate varying by initial disease severity and surgical technique.
Digital nerve injury	2-38%	Nerves are often caught up in Dupuytren's tissue and may be damaged during excision; increases to 17-20% in recurrent disease, potentially causing permanent numbness or painful neuromas.
Hematoma	2-5%	Blood collection under the skin flaps may require drainage; large hematomas increase infection risk.
Wound healing complications	1.9-6.7%	The most common complication; the skin overlying Dupuytren's disease is often poor quality, leading to delayed healing, wound dehiscence, skin flap necrosis, or skin loss.

COMPLICATION	REPORTED RATE	NOTES
skin graft loss	1.1-4.2%	Specific to dermofasciectomy procedures involving skin grafting.
Tendon injury	0.26-0.98%	Flexor tendons may be injured during dissection, requiring repair, with risk higher in extensive disease involving the flexor sheath.
Digital artery injury	0-2%	Arteries may be damaged during surgery, increasing to 25.7% in recurrent disease; poor blood flow may in very rare circumstances result in finger loss or amputation.

I have read this information and have had the opportunity to ask Dr Hirpara questions about the procedure, its expected recovery, and the complications listed above.

PATIENT – PRINT NAME

SIGNATURE

DATE