

SHIP8 Clinical Commissioning Groups Priorities Committee

No. 46

Policy Recommendation: Dupuytren's Contracture

Date of issue: February 2019

The committee discussed the evidence presented and recommended the following policy statement:

Dupuytren's contracture happens when the tissue under the skin near the fingers become thicker and less flexible. It tends to get slowly worse over many months or years. Treatment does not usually help in the early stages and even with treatment the fingers may not be completely straight, might not be as strong and flexible as it used to be and the contracture could also come back (www.nhs.uk/conditions/dupuytren-s-contracture/).

Conservative management is advised if there is:

- no contracture OR
- only mild (less than 20 degrees) contracture OR
- contracture that is not progressing and does not impair function.

The committee recommend that intervention is only offered if there are;

- Finger contractures causing loss of finger extension of 30 degrees or more at the metacarpophalangeal joint (MCPJ) or 20 degrees at the proximal interphalangeal joint (PIPJ) resulting in functional loss OR
- Severe thumb contractures which interfere with function

Collagenase should only be offered to participants in ongoing clinical trials or in adults with palpable cords if the following criteria are met

1. Moderate disease (functional problems and MCPJ contracture of 30-60 degrees and PIPJ contracture of less than 30 degrees or first web contracture) plus up to two affected joints; AND
2. Needle fasciotomy is not considered appropriate but limited fasciectomy is considered appropriate by the treating hand surgeon

Rationale for the 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 low risk of need for further surgery. Common complications after collagenase injection are normally transient and include skin breaks and localised pain. Tendon injury is possible but very rare. Significant complications with lasting impact after needle fasciotomy are very unusual (about 1%) and include nerve injury. Such complications after fasciectomy are more common (about 4%) and include infection, numbness and stiffness.

Review date: February 2023

Whilst the panel recognised the considered expert advice of NICE and NHS England EBI in their recommendation the panel also had a duty to prioritise spending of a finite resource locally and made a decision which it felt gave the most equitable and effective use of investment