

Procedure that requires prior approval

Thames Valley Priorities Committee Commissioning Policy Statement

Policy No. TVPC18

Dupuytren's contracture

Recommendation made by
the Priorities Committee:

May 2015, updated September 2017

Date of issue:

October 2017

Dupuytren's disease is a benign, slowly progressive condition that can restrict hand function. Most patients with Dupuytren's contracture do not need treatment and can be managed expectantly. However, indications for surgical intervention as per British Society for Surgery of the Hand (BSSH) classification are moderate or severe disease. Surgery for mild Dupuytren's contracture is **not normally funded**.

BSSH classifies Dupuytren's disease as:

- Mild: no functional problems, no contracture or metacarpophalangeal joint contracture of less than 30°.
- Moderate: functional problems, metacarpophalangeal joint contracture of 30° to 60°, proximal interphalangeal joint contracture of less than 30°, or first web contracture.
- Severe: severe contracture of both metacarpophalangeal joint (greater than 60°) and proximal interphalangeal joint (greater than 30°).

Patients should be advised that approximately 40% of people will have a recurrence following surgery: Dupuytren's contracture can return to the same place on the hand or may reappear somewhere else. Recurrence is more likely in younger patients; if the original contracture was severe; or if there is a strong family history of the condition.

Collagenase clostridium histolyticum (CCH)

As per the recommendation of the NICE Technology appraisal guidance TA459 (2017)

People who meet the inclusion criteria for the ongoing clinical trial ([HTA-15/102/04](#)), comparing collagenase clostridium histolyticum (CCH) with limited fasciectomy, are encouraged to participate in the study.

For people not taking part in the on-going clinical trial, CCH is recommended as an option for treating Dupuytren's contracture with a palpable cord in adults only if all of the following apply:

- There is evidence of moderate disease (functional problems and metacarpophalangeal joint contracture of 30° to 60° and proximal interphalangeal joint contracture of less than 30° or first web contracture) plus up to 2 affected joints.

- Percutaneous needle fasciotomy (PNF) is not considered appropriate, but limited fasciectomy is considered appropriate by the treating hand surgeon.
- The choice of treatment (CCH or limited fasciectomy) is made on an individual basis after discussion between the responsible hand surgeon and the patient about the risks and benefits of the treatments available.
- One injection is given per treatment session by a hand surgeon in an outpatient setting.

Radiation therapy for early Dupuytren's disease is not normally funded due to limited evidence.

This policy statement is in alignment with the recommendations by the [European consensus guideline: Dupuytren's Disease - Results from the HANDGUIDE Study \(2013\)](#) and the NICE technology appraisal guidance [TA459](#) (2017) and the NICE Interventional Procedure Guidance [IPG573 \(2016\)](#).

NOTES:

- Potentially exceptional circumstances may be considered by a patient's CCG where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g., from NICE.
- Thames Valley clinical policies can be viewed at <http://www.fundingrequests.ccsu.nhs.uk/>