Bedfordshire Clinical Commissioning Group

Procedure that requires prior approval

Bedfordshire, Hertfordshire, West Essex and Milton Keynes Priorities Forum Statement

Number:	**96**
Subject:	**Management of Dupuytren's Contracture**
Date refreshed:	**September 2018**
Date review due:	**September 2021**

GUIDANCE

Dupuytren's disease or contracture is a nodular or cord-like thickening of the palmar fascia causing a tethering of the digits and a loss of range of extension.

Rationale

Most patients with Dupuytren's disease do not need treatment, but regular follow-up is needed to detect early joint contracture. Intervention is almost exclusively surgical and should be considered when the patient is having functional difficulties.

It should be noted that fixed flexion of the metacarpo-phalangeal joints is usually correctable whatever the degree of fixed flexion, but fixed flexion of the interphalangeal joints is often difficult to correct.

Recurrence is very common after surgery (up to 50%) but some patients with a 'Dupuytren's diathesis' are particularly at risk. A recent review regarding this found that with a family history, bilateral disease, Garrod's pads, male and onset less than 50 years the risk of recurrent disease was 71%; with none of these risk factors the rate was 23%.

A careful review of the literature concluded that there is insufficient evidence of efficacy or cost effectiveness of radiotherapy for Dupuytren's Contracture.

Classification

British Society for Surgery of the Hand (BSSH) classifies Dupuytren's disease as:

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

Referral Criteria
Simple nodules in the palm are not an indication for referral. Usually referral for surgery should only be made if the patient meets surgical criteria and wishes to undergo surgery. 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.

Referral letters should indicate the degree of functional impairment and loss of extension.

Surgical treatment will only be routinely funded if:

- Metacarpophalangeal joint (MCPJ) joint contracture of 30° or more and/or proximal Interphalangeal joint (IPJ) contracture of 10° or more (inability to place hand flat on table),

AND

- The loss of extension results in significant functional disability interfering with activities of daily living for the patient

Surgery for mild Dupuytren's contracture is **not normally funded**.

Collagenase clostridium histolyticum (Xiapex®)

Collagenase is only supported in line with NICE TA459:

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

OR

- For people not taking part in the ongoing 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, and
    - Limited fasciectomy is considered appropriate by the treating hand surgeon; and
    - 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
- In these cases, one injection is given per treatment session by a hand surgeon in an outpatient setting.

The following surgery/treatments are considered to be a low clinical priority and are not routinely funded:

- Needle aponeurotomy (also known as percutaneous needle fasciotomy)
- Radiation therapy for early Dupuytren's contracture [Radiotherapy should only be offered as part of an externally funded, ethically approved, randomised

clinical trial, meeting the governance requirements of NICE IPG 368 - http://guidance.nice.org.uk/IPG368]

- Simple nodules in the palm

Funding for patients not meeting the above criteria will only be granted in clinically exceptional circumstances. Applications for exceptionality should go to the CCG individual funding requests department.

References

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3. Hindocha S, Stanley JK, Watson S, Bayat A. Dupuytrens's diathesis revisited: Evaluation of prognostic indicators for risk of disease recurrence. J Hand Surg (Am) 2006 Dec;31(10):1626-34.
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8. Salhi S, Cardin-Longlois E, Luc M. Percutaneous fasciotomy for the treatment of Dupuytren's disease – a systematic review. Hand 2011 Dec; 6(4): 349-355

Equalities and Human Rights Legislation has been considered in the development of this guidance