

Needle fasciotomy for Dupuytren's contracture

Interventional procedures guidance

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www.nice.org.uk/guidance/ipg43

1 Guidance

- 1.1 Current evidence on the safety and efficacy of needle fasciotomy for Dupuytren's contracture appears adequate to support the use of the procedure, provided that normal arrangements are in place for consent, audit and clinical governance.

2 The procedure

2.1 Indications

- 2.1.1 Dupuytren's contracture is a benign, slowly progressive condition of unknown origin. The disease is characterised by a thickening of the connective tissue in the palm of the hand, leading to difficulties in extending the fingers.

- 2.1.2 Most individuals with Dupuytren's contracture are affected in both hands. The most commonly involved digit is the ring finger, followed by the little finger and then the middle finger.
- 2.1.3 Treatment seeks to restore hand function and prevent progression, because the underlying disease will remain. Both surgical and non-surgical options exist. Data are lacking on the effectiveness of most non-surgical treatments for Dupuytren's contracture, such as vitamin E cream and ultrasonic therapy.

2.2 Outline of the procedure

- 2.2.1 Needle fasciotomy is an outpatient procedure in which one or more fibrous bands (contractures) are divided using a blade or the bevel of a needle. The procedure can be performed in either the palm or the fingers.

2.3 Efficacy

- 2.3.1 On the basis of the evidence, the main benefit offered by this procedure is a short-term reduction in the degree of contracture. Recurrence rate is approximately 50% at 3–5 years and seems to depend on the severity of the disease. Some data also suggest that individuals with less severe disease and/or with metacarpophalangeal joint contracture benefited most from this procedure. For more details, refer to the Sources of evidence section.
- 2.3.2 One Specialist Advisor commented that although the procedure was not as efficacious in the long term as open surgery, patients experienced less morbidity and had faster recovery.

2.4 Safety

- 2.4.1 Common complications reported in the studies included splitting of the skin, localised pain and nerve injuries. For more details, refer to the Sources of evidence section.

- 2.4.2 The Specialist Advisors listed nerve injury, tendon injury and infection as the main complications of the procedure, with one Advisor citing a complication rate of 1% or less.

2.5 Other comments

- 2.5.1 The importance of patient selection was noted and the procedure was considered particularly suitable for older patients who are unsuitable for more major surgery.
- 2.5.2 It was also noted that Dupuytren's contracture tends to recur after all types of treatment, but that needle fasciotomy can be repeated.

Andrew Dillon
Chief Executive
February 2004

3 Further information

Sources of evidence

The evidence considered by the Interventional Procedures Advisory Committee is described in the following document.

'Interventional procedures overview for needle fasciotomy for Dupuytren's contracture', April 2003.

Information for patients

NICE has produced [information on this procedure for patients and carers](#). It explains the nature of the procedure and the guidance issued by NICE, and has been written with patient consent in mind.

4 About this guidance

NICE interventional procedure guidance makes recommendations on the safety and efficacy of the procedure. It does not cover whether or not the NHS should fund a procedure. Funding decisions are taken by local NHS bodies after considering the clinical effectiveness of the procedure and whether it represents value for money for the NHS. It is for healthcare professionals and people using the NHS in England, Wales, Scotland and Northern Ireland, and is endorsed by Healthcare Improvement Scotland for implementation by NHSScotland.

This guidance was developed using the NICE [interventional procedure guidance](#) process.

We have produced a [summary of this guidance for patients and carers](#). Information about the evidence it is based on is also [available](#).

Changes since publication

28 January 2012: minor maintenance.

Your responsibility

This guidance represents the views of NICE and was arrived at after careful consideration of the available evidence. Healthcare professionals are expected to take it fully into account when exercising their clinical judgement. This guidance does not, however, override the individual responsibility of healthcare professionals to make appropriate decisions in the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Implementation of this guidance is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of opportunity. Nothing in this guidance should be interpreted in a way which would be inconsistent with compliance with those duties.

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Endorsing organisation

This guidance has been endorsed by [Healthcare Improvement Scotland](#).