

Needle fasciotomy for Dupuytren's contracture

**Understanding NICE guidance –
information for people considering the
procedure, and for the public**

February 2004

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About this information

This information describes the guidance that the National Institute for Clinical Excellence (NICE) has issued to the NHS on a procedure called needle fasciotomy for Dupuytren's contracture. It is not a complete description of what is involved in the procedure – the patient's healthcare team should describe it in detail.

NICE has looked at whether needle fasciotomy is safe enough and works well enough for it to be used routinely for the treatment of Dupuytren's contracture.

To produce this guidance, NICE has:

- looked at the results of studies on the safety of needle fasciotomy and how well it works
- asked experts for their opinion
- asked the views of the organisations that speak for the healthcare professionals and the patients and carers who will be affected by this guidance.

This guidance is part of NICE's work on 'interventional procedures' (see 'Further information' on page 10).

About needle fasciotomy

In Dupuytren's contracture, what's known as the connective tissue in the hands becomes thicker than normal. This has the effect of making the palm and/or fingers tighten so it becomes difficult to stretch and use the fingers. The ring finger is usually affected first, then the little finger, and then the middle finger.

The traditional type of surgery carried out for Dupuytren's contracture involves making an opening in the hand, cutting through the connective tissue and then stitching the opening together. This is known as open surgery.

Needle fasciotomy is carried out in an outpatient clinic. It involves inserting a blade or needle into the palm or fingers and then using it to cut ('saw') through the bands of tough connective tissue.

The procedure doesn't cure Dupuytren's contracture. The aim is to stop the problem from getting worse and to help the patient regain the use of their hand.

How well it works

What the studies said

The studies NICE looked at showed that the procedure improved patients' ability to stretch their fingers in the short term. After 3 to 5 years, the problem had returned in about half of the patients treated. It appeared that the procedure was more likely to be successful in patients with less severe tightening and/or where the tightening was across the finger joints.

What the experts said

One expert said that patients who had needle fasciotomy felt more benefit, and recovered more quickly than people who had open surgery for Dupuytren's contracture, even though the effects of needle fasciotomy weren't likely to last as long as the effects of open surgery.

Risks and possible problems

What the studies said

In the studies, the skin of some patients split following the procedure. Some patients found the procedure painful, and some patients had nerve damage in their hands as a result of the procedure.

What the experts said

The experts said that the main problems with needle fasciotomy were nerve damage, damage to the tendons in the hand, and infection. One of the experts said that problems were rare, and were likely to affect fewer than 1 person in 100.

What has NICE decided?

NICE has considered the evidence on needle fasciotomy for Dupuytren's contracture. It has recommended that when doctors use it for people with Dupuytren's contracture, they should be sure that:

- the patient understands what is involved and agrees (consents) to the treatment, and
- the results of the procedure are monitored.

Other comments from NICE

NICE has said that it thinks needle fasciotomy is especially suitable for older patients where open surgery is not advisable. It has also pointed out that Dupuytren's contracture usually comes back eventually, whatever the treatment. Needle fasciotomy can be repeated if necessary.

What the decision means for you

Your doctor may have offered you needle fasciotomy. NICE has considered this procedure because it is relatively new. NICE has decided that the procedure is safe enough and works well enough for use in the NHS. Nonetheless you should understand the benefits and risks of needle fasciotomy before you agree to it. Your doctor should discuss the benefits and risks with you. Some of these benefits and risks may be described above.

Further information

You have the right to be fully informed and to share in decision-making about the treatment you receive. You may want to discuss this guidance with the doctors and nurses looking after you.

You can visit the NICE website (www.nice.org.uk) for further information about the National Institute for Clinical Excellence and the Interventional Procedures Programme. A copy of the full guidance on needle fasciotomy for Dupuytren's contracture is on the NICE website (www.nice.org.uk/IPG043guidance), or you can order a copy from the website or by telephoning the NHS Response Line on 0870 1555 455 and quoting reference number N0444. The evidence that NICE considered in developing this guidance is also available from the NICE website.

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