

# Needle fasciotomy for Dupuytren's contracture

HealthTech guidance

Published: 25 February 2004

[www.nice.org.uk/guidance/htg21](https://www.nice.org.uk/guidance/htg21)

## Your responsibility

This guidance represents the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take this guidance fully into account, and specifically any special arrangements relating to the introduction of new interventional procedures. The guidance does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

All problems (adverse events) related to a medicine or medical device used for treatment or in a procedure should be reported to the Medicines and Healthcare products Regulatory Agency using the [Yellow Card Scheme](#).

Commissioners and/or providers have a responsibility to implement the guidance, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this guidance should be interpreted in a way that would be inconsistent with compliance with those duties. Providers should ensure that governance structures are in place to review, authorise and monitor the introduction of new devices and procedures.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should [assess and reduce the environmental impact of implementing NICE recommendations](#) wherever possible.

# Contents

1 Recommendations .....	4
2 The procedure .....	5
2.1 Indications .....	5
2.2 Outline of the procedure .....	5
2.3 Efficacy .....	5
2.4 Safety .....	6
2.5 Other comments .....	6
3 Further information .....	7
Sources of evidence .....	7
Information for patients .....	7
Update information .....	8

This guidance replaces IPG43.

# 1 Recommendations

- 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 to 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, see the [overview](#).

- 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, see the [overview](#).
- 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.

## 3 Further information

### Sources of evidence

The evidence considered by the committee is in the [overview](#).

### Information for patients

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

# Update information

## Minor changes since publication

**January 2026:** Interventional procedures guidance 43 has been migrated to HealthTech guidance 21. The recommendations and accompanying content remain unchanged.

ISBN: 978-1-4731-8729-0

# Endorsing organisation

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