Dupuytren's Partial Fasciectomy

Patient Recovery & Exercise Guide

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This guide explains what to expect after your Dupuytren partial fasciectomy with Dr Mark Robinson — from leaving hospital, to caring for your hand at home, to the exercises that will help you get back to your usual activities. Please keep it handy and bring it to your appointments.

Everyone recovers at their own pace. Your surgeon and hand therapist will tailor the timeframes to your surgery and your progress.

ABOUT YOUR SURGERY

Dupuytren's disease is a genetic disorder which is more common in Northern European, especially Scandinavian and Celtic, ancestry, hence the "Viking disease" nickname. Under the skin of your palm is a thin layer of tissue called the **palmar fascia**. In **Dupuytren's disease**, this tissue slowly thickens and forms lumps and cords. Over time, the cords can tighten and pull one or more fingers (most often the ring and little fingers) into a bent position, so they can no longer straighten fully. This is called a **contracture**.

In a **partial fasciectomy**, the thickened cords are carefully removed through incisions in the palm and finger, allowing the finger to straighten. Prior to going to sleep Dr Robinson will perform a nerve block of the ulna &/OR median nerve to decrease the requirement for pain relief post the surgery. Occasionally skin closure requires rotational flaps or in rare circumstances OR revision surgery a skin graft. There normally are not any stitches to be removed as they resorb. Because the cords lie close to the small nerves and blood vessels of the finger, some numbness at the fingertip can occur and usually improves with time.

The incisions have normally healed within 2-3 weeks. Most patients require a nighttime splint fashion by a hand therapist. Wearing your night splint and keeping up your hand therapy and exercises are the best ways maintain the straightening gained from surgery. Swelling and stiffness can take **a few months** to fully settle.

BEFORE YOUR SURGERY

Diet / Vitamin C

In the weeks before and after your operation, Dr Robinson encourages you to eat a healthy, balanced diet rich in protein, vitamins and minerals. Include plenty of lean meat, fish, eggs, dairy, legumes, wholegrains, fruit and vegetables, and keep well hydrated.

Dr Robinson recommends taking 1000–1500 mg of vitamin C daily, starting 2 days before your surgery and continuing for 6 weeks afterwards. Vitamin C supports the body's natural healing processes, including the repair of bone, skin and soft tissue. Vitamin C supplements are available from your local pharmacy or supermarket.

No Smoking

Smoking significantly slows healing and increases the risk of complications, including wound infection, delayed bone healing and problems with anaesthesia. We strongly recommend that you stop smoking before your surgery and avoid smoking throughout your recovery. This includes cigarettes, vapes and other nicotine products. If you would like support to quit, speak with your GP or contact Quitline on 13 78 48.

GOING HOME

Discharge

You will go home on the day of surgery.

Dressings & Showering

You will go home with a bulky dressing covering your hand. In severe Dupuytren's a plaster is sometimes required. Leave it in place and keep it dry until you see your hand therapist at 5–10 days. A plastic bag over your hand will help keep the dressing dry while showering.

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Swelling / Ice / Elevation

Swelling is normal after this surgery and can take a few months to fully settle.

- Keep your hand higher than your elbow for the first 48 hours.
- Ice your hand 3–5 times a day, for 20 minutes at a time, for the first 24–48 hours.

Pain Relief & Medications (allergies permitting)

Your anaesthetist will prescribe a range of pain medications for you to take home. Please take them as prescribed. In general:

- Take **paracetamol** regularly.
- Add **anti-inflammatories** if they have been prescribed for you.
- Use **stronger pain relief** (such as palexia/tapentadol) as a top-up when needed.

Stop these medications as soon as your pain allows.

Vitamin C

Dr Robinson recommends taking Vitamin C 1000–1500 mg daily for at least 6 weeks after surgery.

Hand Therapy

Hand therapy is an important part of your recovery and helps protect the result of your surgery. You may need hand therapy for several months. Your hand therapist will make and adjust your night splint, care for your wounds, guide your exercises, and help with scar care, swelling and stiffness.

Please book your first hand therapy appointment for 5–10 days after surgery. Hand therapy appointments are booked and paid for separately from your surgery.

Night Splint

At 5–10 days, your hand therapist will remove your dressing, re-dress your wounds and make you a custom **night splint**. The type of splint depends on which fingers were treated. Wear it at night, while you sleep, for **12–24 weeks**. It is important to take it off during the day.

YOUR FOLLOW-UP APPOINTMENT

WHEN	WHAT HAPPENS
5–10 days	Hand therapy review. Your dressing is removed, your wounds are re-dressed and your night splint is made.
2–3 weeks	Your post-op clinic review. A nurse will check your wounds.

KEY PRECAUTIONS

- **Keep your dressing dry:** leave your bulky dressing on until your hand therapy appointment at 5–10 days. Cover it with a plastic bag when showering.
- **Raise your hand:** keep your hand higher than your elbow for the first 48 hours to reduce swelling.
- **Keep moving:** start your exercises from the day of surgery, moving any fingers that are free of the dressing.
- **Night splint:** once fitted, wear your splint at night only, while you sleep. Take it off during the day so you can use and move your hand.
- **Protect your palm:** avoid heavy gripping and lifting until your wounds have healed.

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When to contact us

Please contact our clinic straight away, or see your local doctor, if you notice:

- Swelling that is getting worse rather than better
- Redness, warmth or discharge around the wound, or a fever
- Pain that keeps increasing or isn't controlled by your medications
- A finger that becomes pale, cold or blue, or numbness that is spreading or getting worse
- Your dressing feels too tight

Phone (07) 5346 8000 · Email admin@balanceortho.com.au

After hours: go to your nearest urgent care clinic or hospital emergency department.

RETURNING TO WORK, DRIVING & ACTIVITIES

Work

A reasonable goal for returning to office or desk work is 2 weeks. For more physically demanding jobs, the usual target is 6 weeks.

Driving

Driving can usually be resumed at around 5–7 days, once your hand therapist has reduced your bulky dressing and you feel confident controlling the vehicle.

Return to activities

These timeframes are a general guide. Please check with your surgeon or hand therapist before starting an activity.

ACTIVITY	EXPECTED TIMEFRAME	NOTES
Driving	5–7 days	Once your dressing has been reduced by your hand therapist
Desk / computer work	2 weeks	
Running	2 weeks	
Swimming	Once your wounds have healed	
Gym-based exercise	Once your wounds have healed	Build up gripping gradually
Physically demanding work	6 weeks	Gradual return; your hand therapist can help
Tennis	6 weeks	Build up grip gradually
Golf	6 weeks	Build up grip gradually
Contact sport	After 5–6 months	

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YOUR RECOVERY AT A GLANCE

WHEN	GOALS	WHAT YOU'LL BE DOING
Phase 1 **Day 0 – 10** Healing	• Protect the wounds • Settle swelling • Keep free fingers moving	• Bulky dressing on and kept dry • Raise your hand for 48 hours; ice for 24–48 hours • Exercises from the day of surgery • Hand therapy at 5–10 days: dressing reduced and night splint made • Driving from 5–7 days
Phase 2 **2 – 6 weeks** Regaining movement	• Wound healing • Full finger movement • Normal daily use of your hand	• Clinic review at 2–3 weeks • Night splint while sleeping only • Hand therapy and exercises; scar care once healed • Desk work and running from 2 weeks; swimming and gym once healed • Physically demanding work, tennis and golf from 6 weeks
Phase 3 **6 weeks – 6 months** Keeping the result	• Keep your fingers straight • Rebuild grip	• Night splint for 12–24 weeks in total • Continue hand therapy as advised • Swelling and stiffness keep settling over a few months • Contact sport after 5–6 months

YOUR EXERCISE PROGRAM

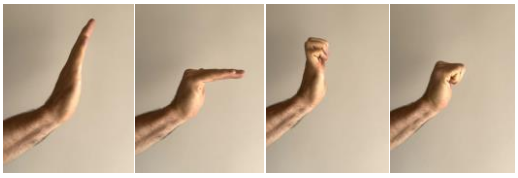
Start these exercises from the day of surgery. Let pain be your guide and don't continue any exercise that hurts. These exercises are a guide only, and your hand therapist may give you a more specific program.

Start from the day of surgery

- Repeat each exercise **5–10 times**.
- Aim for **at least 3 sessions a day**.
- While your bulky dressing is on, move what you comfortably can.

1. Tendon gliding ▶ Watch the video

- Start with your hand open and fingers pointing up, held together.
- Bend your fingers at the base knuckles to 90°, keeping the rest of your fingers straight (a "tabletop").
- Bend your middle knuckles, keeping your fingertips straight.
- Bend your top knuckles to make a full fist.
- Straighten your fingers and open your hand back to the starting position.



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2. Finger spreading (abduction) ▶ Watch the video

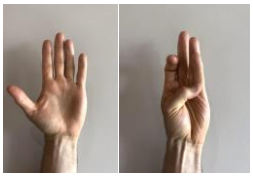
- Hold your hand out comfortably in front of you.
- Spread your fingers apart as far as you can, and hold.
- Bring your fingers back together.

3. Thumb opposition ▶ Watch the video

- Hold your hand open.
- Touch your thumb to the tip of each finger in turn, from your index finger to your little finger, then back again.

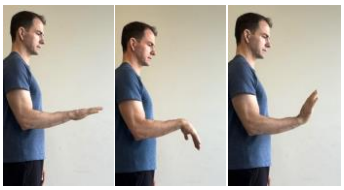
4. Thumb bending (flexion) ▶ Watch the video

- Hold your hand and thumb open.
- Bend your thumb across your palm to touch the base of your little finger, bending at each joint of the thumb.



5. Wrist bends (flexion & extension) ▶ Watch the video

- Hold your arm out with your wrist straight and palm facing down.
- Bend your hand up towards the ceiling, then let it drop down towards the floor.
- For a more advanced stretch, use your other hand to gently pull your wrist back by your fingers, holding for 10–30 seconds.



6. Sideways wrist movements ▶ Watch the video

- Rest your forearm on a table with your wrist over the edge, palm facing down.
- Slowly tilt your wrist to one side, then to the other. Hold each position for about 6 seconds.

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7. Finger flexion (with a pencil) ▶ Watch the video

- Weave a pencil through your fingers, as far to the base of your hand as possible, with the affected finger on the lower side of the pencil
- Actively bend your fingers into a claw position, then extend your fingers back to a straight position

Watch the exercises on YouTube

Each exercise in this guide is demonstrated in a short video on our YouTube channel. Tap "▶ Watch the video" next to an exercise or scan the QR code to see all of our videos.

youtube.com/@BalanceOrthopaedics

This guide has been developed with reference to published post-operative guidelines for Dupuytren partial fasciectomy. It is a general guide only and does not replace individual assessment and advice from your surgeon and hand therapist.

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