

DUPUYTRENS SURGICAL FASCIECTOMY REHAB PROTOCOL

Goal is for a minimum tension rehab with less tissue ischemia and scarring. Please correlate rehab plan with operation note for patient specific post-operative plan base on intra-operative findings. Full recovery may take up to a year so please continue with home-based exercises.

- 0-1 weeks
 - Bulky dressing for pain and wounds to settle
 - Begin active/passive finger range of motion of fingers/thumb within bulky dressing to prevent stiffness and reduce swelling
 - Keep elevated
- At 1 week (within 10 days)
 - See hand therapist/physiotherapist for early active/passive finger range of motion – adjust to patient (encouragement versus slowing down)
 - Thermoplastic hand-based night extension splint for 4 months (avoid maximal tension/stretch but rather basic resistance and to gradually adjust splint to bring finger up to full extension or up to correction obtained in surgery)
 - Wound and oedema management – cold therapy and elevation
- After 3 weeks
 - Suture removal at 3 weeks (this is delayed allowing uninterrupted rehab without gapping of wound, removal may be earlier if any infection concerns)
 - Continue as above with finger exercises during the day and night extension splinting gradually adjusted
 - Consider day-time LMB/capner splints (dynamic extension splints) but ensure this does not compromise finger flexion
 - Oedema management – self-retrograde massage, cold therapy, extremity elevation, oedema glove
 - Scar tissue management
 - Gentle functional use of hand, graduating onto full use at 6 weeks
- After 6-8 weeks
 - Begin progressive strengthening
 - Continue night extension splint for 4 months
- After 10-12 weeks
 - Return to heavy labour after 10 weeks
 - Work hardening program may be recommended
 - Continue night extension splint for 4 months
- Follow-up appointment:
 - 3 weeks clinic for wound check and removal of sutures
 - 6 weeks and 12 weeks clinic with Mr Francis Ting