

DUPUYTRENS NEEDLE APONEUROTOMY REHAB PROTOCOL

The pathology, chords, joint involvement and patient may be amenable to needle aponeurotomy which is an office base procedure performed under local anaesthetic. There are usually no wounds, but rarely soft tissue/skin may split during manipulation.

This is a rehab protocol for **percutaneous needle aponeurotomy**, if open surgical fasciectomy has been performed, please refer to the correct rehab protocol on our website. Please contact office if unsure what was done.

- 0-1 weeks
 - Begin immediate active/passive finger range of motion of fingers/thumb to prevent stiffness and reduce swelling
 - Keep elevated
 - There may be a light dressing for split skin/soft tissue
 - Ensure keep wound dry and clean, and monitor for infection
- Within first week
 - See hand therapist/physiotherapist for early active/passive finger range of motion
 - Thermoplastic hand-based night extension splint for 4 months
 - 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
 - Gentle functional use of hand, graduating onto full use by 4 weeks
- After 4 weeks
 - Begin progressive strengthening
 - Continue night extension splint for 4 months
- After 6 weeks
 - Return to heavy labour
 - Work hardening program may be recommended
 - Continue night extension splint for 4 months
- Follow-up appointment:
 - 6 weeks and 12 weeks clinic with Mr Francis Ting