

Treatments for Dupuytren's Contracture

	Open Surgery	Needle Aponeurotomy, NA)	XIAFLEX® (collagenase, Enzyme Injection)
Goal of treatment	Remove all contracted tissue by conventional surgery through incisions in palm and finger	Mechanically disrupt contracted cord(s) with a hypodermic needle and multiple skin punctures	Chemically disrupt a contracted cord by injecting an enzyme that locally dissolves the cord
Treatment location	Outpatient operating room	Office exam room	Office exam room
Anesthesia	Regional or general anesthesia	Local	Local
Time needed for treatment	1.5-2 hrs or approx. 4-5 hrs total	30 minutes	30 minutes on first day and 30 minutes on next day
Skin incision	Yes; sutures required	No; rather multiple needle perforations, no sutures	Single needle puncture on first day & second day
Bandage after treatment	Forearm, palm, affected finger(s), rigid	Palm and affected finger(s), soft	Palm and affected finger, soft
Bandage duration	2+ weeks	1-3 days	1 day
Number of follow up office visits	2-4+ over 6-8 weeks	None required and as needed	1, day after injection and as needed
Need for hand therapy/visits per week/number of weeks	Probably 2/4-8	Probably not	Probably not
Time before resuming self-care activities	Same day but hand is in large bandage	Same day	Same day
Time before resuming desk and keyboard activities	2-3 weeks	1-3 days	1-3 days
Time before getting hand thoroughly wet	10-14 days	1-4 days	12 hours
Time before resuming forceful grip such as golf, hammers	6-8+ weeks	1-2 weeks	1-2 weeks
Likely duration of benefit from treatment	5-20 years	1-5 years	Probably more than NA & less than open surgery
Treat multiple joints on same day?	Yes	Multiple joints on one finger	No
Adjacent tissue at highest risk for injury; complication frequency	Nerve; 1-2%	Nerve; 1-2%	Tendon, 1-2%
Risk of the treatment causing lasting stiffness in untreated fingers	20%	1%	1%
Main advantage(s)	Excision of contracted fascia, slower recurrence, multiple fingers/joints at one time	Office procedure, shorter recovery, less complications	Office procedure, shorter recovery, less complications
Main disadvantage(s)	Prolonged convalescence, risk of untreated fingers becoming stiff	Will likely need more treatment later, faster recurrence	May need > 1 injection per contracted joint; injections to be spaced at monthly intervals, faster recurrence, allergic reaction

