

## **DUPUYTREN'S CONTRACTURE OPEN RELEASE**

- 3-5 days post-op:
  - Remove post-op dressings
  - Wound care, as needed
  - Evaluate sensation
  - Edema reduction, including tubigrip and/or co-ban, UE elevation, and active ROM
  - Static hand-based extension splint (to be worn for 3 months at night)\*
  - Begin active and gentle passive range of motion of digits, \*
    - ❖ including “place and hold” exercises for digit flexion and extension
    - ❖ intrinsic stretches
  - Patient instructed to keep wound dry for 2 weeks
  - Patient education regarding stages of wound healing, effect of scarring on tendon glide, need to minimize edema, and signs of infection
  - Precautions: no resistive activities or activities that apply shear forces until wounds are healed
  - Frequency of hand therapy: 1-2 times per week
- 14 days post-op:
  - 1<sup>st</sup> M.D. follow-up visit
  - Suture removal (possibly ½ of sutures, based on wound healing)
  - Continue range of motion, edema control, wound care
  - If wounds are healed, consider use of elastomer insert for splint. No need for silicone gel pad, if using elastomer.
  - Begin scar massage, when wounds are well-healed.
- 3 weeks – 12 weeks:
  - Continue night extension splinting, with adjustments as needed
  - If using elastomer insert, fabricate new inserts as range of motion increases
  - May begin use of light therapy to increase range of motion
  - Begin strengthening at 12 weeks, if needed

**\*\*For those patients without full active PIP joint extension and history of long-standing PIP contracture, consider possibility of central slip attenuation. The following protocol MUST be cleared with physician prior to initiating treatment.**

- Dressings removed at first post-op visit.
- Fabricate finger based PIP joint extension splint, with DIP joint free
  - Splint to be worn at all times, except for dressing changes
  - No PIP joint flexion for 6 weeks
  - Gradually increase PIP joint flexion