

Collagenase injections for Dupuytren's disease

Patient Information Leaflet

Introduction

This leaflet is for people who have been diagnosed with Dupuytren's disease and who are considering collagenase injections as a non-surgical treatment for this disease. It explains what this involves, how it works and the benefits and risks of the treatment.

What is Dupuytren's disease?

Dupuytren's disease is a condition that affects the connective tissue in the palms of your hands (palmar and digital fascia). It is a progressive disease, which means that the symptoms tend to increase over time and these may come back even after treatment.

What are the symptoms?

It can first appear as small lumps under the skin in the palm of the hand which are non-cancerous (these are known as Dupuytren's nodules). The lumps contain collagen which is a natural protein found in the body. Collagen builds up under the skin forming string-like cords which extend from the palm into the fingers. These can be felt or seen under the skin when you stretch out your finger.

Over time, this cord tightens and pulls your finger in towards the palm of your hand.

This is known as Dupuytren's contracture and makes it very difficult to straighten your finger fully. Although this is not usually painful, it can cause problems with carrying out normal activities.

The ring finger and little finger are most commonly affected, but Dupuytren's contracture may develop in more than one finger and in both hands. Collagen nodules can also appear in soles of feet (Ledderhose's disease) or the back of the fingers (Garrod's pads).

How can it be treated?

At the moment there is no cure for Dupuytren's disease, but your finger can be straightened. Your consultant will discuss the various treatment options with you and you can decide which of these you prefer.

The aim of treatment is to allow your hand to work normally again and try to limit the disease from progressing. However, whatever treatment option you choose, it is possible that the symptoms may come back and need more treatment.

The treatment options include both surgical and non-surgical treatments, and your consultant will have discussed all the options with you.

If you have a mild version of the disease and do not have a contracture, your consultant may recommend that you do not need any treatment. They will continue to monitor your condition instead. This is because even if you have treatment, there is no guarantee that this will prevent the disease from progressing any further.

What is collagenase treatment?

For the treatment, enzymes called collagenases (obtained from clostridium histolyticum bacteria) are injected into the cord. They dissolve the cord, weakening or disrupting it. After the injection, you need to come back one to two days later to have a procedure to break the cord and straighten your finger. You do not need to stay in hospital for this treatment.

It should also be possible to treat a cord that affects two joints.

What is involved in the treatment?

The treatment is carried out by specially-trained doctors. You will not be able to drive after either of these procedures, so you may want to arrange for someone to drive you home.

First visit – the injection

In the outpatient department, you will have an injection of collagenase enzymes into the cord, using a fine needle. You will not need a local anaesthetic for this. After the injection, we will wrap your hand in a bandage.

You will need to stay in the outpatient department for 30 minutes to make sure you do not have an immediate reaction to the injection. You will be advised to

- Rest your hand and raise it above the level of your heart to minimise swelling and to encourage the injected medicine to stay in the cord.
- Keep the dressing and bandages dry to avoid damaging the skin.

Do not try to break the cord that has been injected yourself.

If you experience any of the following symptoms, immediately contact your consultant or GP, visit your local walk-in centre or in an emergency, go to your nearest emergency department:

- Difficulty breathing, tightness in your chest, skin itching or a skin rash – this can be signs of an allergic reaction.
- Dizziness or fainting.
- Fever or chills – this can be signs of an infection.

Second visit – finger straightening procedure

You will need to come back 24 to 48 hours later for your finger to be straightened. You will be given a local anaesthetic for this. It will be carried out as an outpatient procedure and so you will not need to stay in hospital.

On this visit, we will take the bandage off your hand and your consultant will carefully extend your finger, after giving you a local anaesthetic. You may hear or feel a snapping sound during the breaking of the cord, which has become weak due to being dissolved by the enzyme collagenase.

Your finger will be strapped in a temporary splint to rest it for five to seven days. We will make an appointment for you to see the hand therapy team who will give you a 'resting' splint for night time.

Please note that you cannot have this treatment if

- You are or may be pregnant, or you are breastfeeding.
- You have taken certain antibiotics (such as doxycycline) 14 days before your injection.

Therefore, you must tell your consultant about any medications you are taking or have recently taken, including non-prescription medication and vitamins.

What happens after the treatment?

After the treatment, your treated hand may be swollen or bruised. Sometimes, the procedure causes some of the skin on the palm of your hand to tear.

Occasionally, the cord needs to have a couple more injections of enzymes before it dissolves. These will be given four weeks apart.

You will be given a follow-up appointment to see the hand therapy team.

Hand therapy

At your first hand therapy appointment, you will be given a splint to wear on your finger at bedtime. You will need to use this for up to four months. You will also be given some finger exercises to do each day.

Please note that you will need to attend hand therapy appointments for treatment until your hand function is normal again.

What are the benefits of the treatment?

There is no need for surgery and you do not need to stay in hospital overnight. Overall recovery time tends to be less compared to open surgery.

What are the risks?

As with all procedures, this treatment carries some risks and complications. It is important that we tell you about these risks so that you have the information you need to make a decision about the treatment.

Common risks

- Pain, bleeding, bruising, or swelling around the injected area.
Almost every patient has this.
- Pain, swelling in the hand, wrist, arm or armpit.
- Blood blisters (between seven and eight patients in every ten get these).
- Swollen glands (lymph nodes) near the elbow or under the arm (about four in every ten patients develop this). This usually only lasts for one day.
- Skin tears which happen during the finger straightening process (about one to two people in every ten may experience this). These usually heal very well.

Less common risks

- Warmth, swelling, blistering or rash around the injected area.
- Some bruising in the arm or armpit.
- A burning sensation, feeling of 'pins and needles' or numbness.

Rare risks

- Rupture of a tendon, ligament injury.
- Allergic reaction to the injection.
- Chronic pain.
- Muscle spasm, weakness and muscle or bone stiffness or discomfort.

If you get any of these side effects, or any side effects not listed here, please talk to your consultant, GP or pharmacist.

Frequently asked questions

Will it hurt?

The injections are painful, but this should not last long. Your consultant will give you information on pain relief.

Will I need hand therapy afterwards?

You will see a hand therapist to give you advice about exercises and to give you a splint to rest your finger at night for four months. You will need to do finger exercises every day.

When can I start using my hand normally again?

You will be able to carry out normal activities after the bruising and swelling has gone away and any skin wounds have healed. As your finger has been straightened, you will have to avoid straining it for a while. Your consultant will let you know how long this will be.

When will I be able to go back to work?

Your consultant will discuss this with you as it will depend on the type of work you do.

When will I be able to drive and operate machinery?

Your hand will be swollen and may be painful afterwards. Therefore, you should check with your GP after the procedure to find out when it is safe for you to drive, ride a motorbike or operate machinery.

Can I find out more?

You can find out more from the following web link:

The British Dupuytren's Society

http://www.dupuytren-society.org.uk/treatment/treatment_xiapex.html

References

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Verheyden JR (2015). Early outcomes of a sequential series of 144 patients with Dupuytren's contracture treated by collagenase injection using an increased dose, multi-cord technique. *J Hand Surg Eur* 40(2): p133-140.

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If you have any questions, or if there is anything you do not understand about this leaflet, please contact:

Plastic surgery specialist nurses on 01384 456111 ext. 4547
(9am to 5pm, Monday)

Russells Hall Hospital switchboard number: 01384 456111

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<http://dgft.nhs.uk/services-and-wards/plastic-surgery/>

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