

DUPUYTRENS SURGERY

CRITERIA BASED ACCESS

The CCG does not normally fund surgery for mild Dupuytren's contracture. Funding will be available for treatment when:

- The patient has a ≥ 30 degree fixed flexion deformity at either the metacarpophalangeal joint or proximal interphalangeal joint.

AND

- The patient cannot flatten their fingers or palm on a table.
- The patient has functional problems.

OR

- There has been rapid progression over a few months.

BSSH classifies Dupuytren's disease as:

British Society for Surgery

- Mild: no functional problems, no contracture or metacarpophalangeal joint contracture of less than 30° .
- Moderate: functional problems, metacarpophalangeal joint contracture of 30° to 60° , proximal interphalangeal joint contracture of less than 30° , or the first web contracture.
- Severe: severe contracture of both metacarpophalangeal joint (greater than 60°) and proximal interphalangeal joint (greater than 30°).

Surgery is the only effective method of treatment for Dupuytren's contracture. However, patients should be advised that approximately 40% of people will have a recurrence following surgery. Dupuytren's contracture can return to the same place on the hand or may reappear somewhere else. Recurrence is more likely in younger patients; if the original contracture was severe; or if there is a strong family history of the condition.

Radiation therapy for early Dupuytren's disease is not normally funded due to limited evidence.

<https://www.nice.org.uk/guidance/IPG368>

Reference:	Policy Name	Date of WCAG	Date of QCAG	Review Date	Version
BSW-CP015	Dupuytren's Surgery	31/01/2017	21/02/2017	Feb 2020	2