

Dupuytren's Contracture Open Fasciectomy Post-Op Instructions

1. To set up prior to surgery:

Please set up hand therapy for ROM (range of motion/stretching) exercises and splint fabrication to begin 3-4 days after the surgery.

2. Immediately after the operation:

- Your hand and/or digits will be covered with a dressing and splint. This will be removed at your first hand therapy appointment where finger ROM exercises will begin. Do not submerge your hand until the skin is completely healed (12-16 days after the surgery).
- Your therapist will also fabricate an extension splint to wear at nighttime only.
- Expect bruising and swelling to occur in the fingers down to the forearm. Elevate the arm above the heart as much as possible for the first 3-5 days to reduce swelling and pain. You may place a couple of pillows underneath your arm/hand while sitting or laying down. Keep in mind bruising will take 14-21 days to resolve and 6 months for ALL swelling to subside. See below for information on pain control.
- It is common to experience *numbness* and *tingling* around the incision sites. This is expected to improve but sometimes takes months to maximally recover. There may always be slight numbness around the incision area.

3. At your 1st post-op appointment (10-12 days after surgery):

- Your hand will be examined, progress photos taken, and sutures removed.

Rehabilitation Protocol:

Phase 1 (4 days-6 weeks)	Phase 2 (6-12 weeks)	Phase 3 (12 weeks)
Passive and active ROM exercises. Exercises can be more aggressive once the skin has completely healed. Extension splint should be worn at nighttime.	Continue passive and active ROM exercises and nighttime splinting. Try to use hand as normally as possible throughout the day.	Discontinue nighttime splinting.

(over)

Pain control:

- Place an ice pack or a plastic bag with ice over the splint as needed to reduce the pain. You may do this as much or as little as desired. Many patients find this very effective in reducing pain.
- Most patients are given prescription of Norco® (hydrocodone), Percocet® (oxycodone) **or** Tylenol® #3 (codeine). One or two tablets can be taken as often as every 4 hours if needed. Anti-inflammatory medicines such as Ibuprofen (Motrin®, Advil®) or Naproxen (Naprosyn®, Aleve®) are often sufficient in controlling pain after the first couple of days. However, if you experience severe pain, you may take Norco® **or** Percocet® **or** Tylenol® #3 **AND** ibuprofen concurrently in the following alternating manner:

Take Norco®/ Percocet®/ Tylenol® #3 every 4 hours followed by 400mg Ibuprofen 2 hours later. Below is a sample schedule for taking these medicines:	
8 AM	Norco® (hydrocodone), Tylenol® #3 or Percocet®
10 AM	Ibuprofen 400mg (2 pills)
2 PM	Norco® (hydrocodone), Tylenol® #3 or Percocet®
4 PM	Ibuprofen 400mg (2 pills)

Warning: Take your medications with a meal or snack if possible. All NSAID medicines have risks of stomach irritation, bleeding or ulcers. NSAIDs should not be taken if you have history of stomach ulcers, bleeding disorders or if you are on a blood-thinner. Codeine, Norco® and Percocet® can occasionally cause nausea, vomiting and/or constipation. Do not take over-the-counter Tylenol when taking Vicodin®, Percocet® and Tylenol® #3 as these already contain acetaminophen. These medications can cause drowsiness and taking appropriate precautions is advised. Avoid drinking alcohol when taking these medications.

Driving:

- You may return to driving as soon as you feel safe, comfortable and completely in control of your car. However, do not drive if you are taking narcotics or under the influence in any way.

Contact Dr. Cardon at (510) 540-6800 if:

- You have severe pain upon stretching your fingers or severe/extreme pain and tightness in your forearm muscles when making a gentle fist and straightening the fingers. Some pain at the surgical site is normal.
- There is severe swelling above or below the splint. It is normal for surgery to cause swelling, especially in the fingers. However, if the swelling is excessive and appears to be restricting your circulation, you should contact Dr. Cardon.
- There is pus or foul odor from the dressing/splint. Or if you think that you are developing an infection.
- You develop a fever greater than 101°F for a couple of hours or more anytime after your surgery

If you are unable to reach Dr. Cardon, you may need to go to the Emergency Room if your symptoms persist