

Xiapex Injection

I now perform these injections to weaken the Dupuytren's cord, and this involves one clinic visit for the injection phase, and one clinic visit 24-48 hours later for the rupture of the cord under local anaesthetic. The initial injection is as painful as any injection but perhaps a little more so because it is in the palm of the hand. The area around the injection tends to swell and become bruised over the next 24 hours. The area is tender the following day and when the injection of local anaesthetic is inserted this is also uncomfortable. The process is however somewhat less arduous than undergoing a full operation for this condition.

I usually use a splint after the surgery. This is made by our hand therapists. I usually arrange for this to be done about a week after the initial cord rupture. In most cases the splint will only need to be used at night in order to prevent a recurrence of the contracture as the scarring begins to heal under the skin. The nodules will not be removed by this process.

The recurrence rates are much higher than they are for the open operation which is the price we have to pay for the convenience of this procedure. About 10 or 20% of patients will need a further injection or procedure within a year, but many patients will go for longer than that without needing any further intervention. Surgery is not compromised by the previous injection. However these injections cannot be performed in areas that have previously had surgery at the site.

Skin tears are fairly common. They simply need to be dressed with a simple dressing for about a week until they heal. Healing is usually uneventful. Hand therapy can really only be started once the skin is healed.

This is most commonly a very straightforward procedure and has good results. However, causes for disappointment would include early recurrence or stiffness in the hand. Nerve and tendon injury it is very uncommon after this procedure. I have now performed over 100 of these cases and an excellent correction has been achieved in all cases on the day of the rupture of the cord. However fairly prompt recurrence of the deformity has occurred in about 20% of patients.

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