



Reaching for a Better Alternative

Needle Aponeurotomy – An Alternative Treatment for Dupuytren’s Contracture

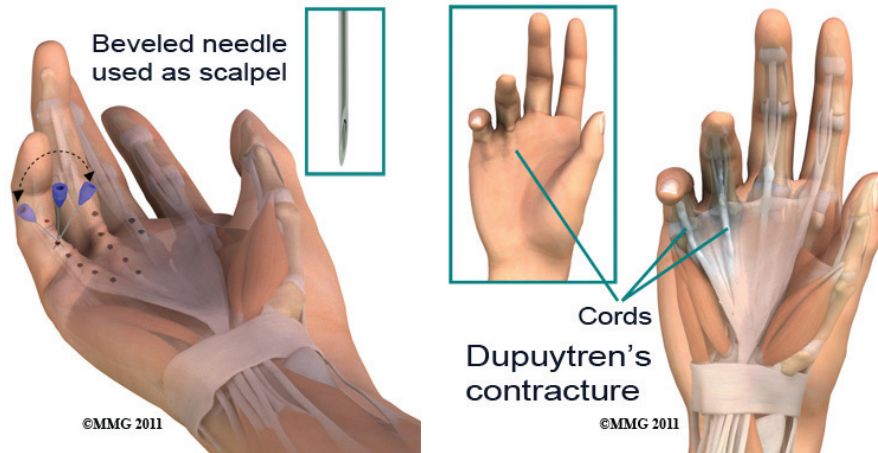
By Darcy LaDue-Vargas

Pamela Percy had gotten used to her left pinky finger being perpendicular to the palm of her hand. So this winter was a new experience for her as she was finally able to wear gloves comfortably for the first time in nearly 25 years. Pamela suffers from Dupuytren’s contracture, which is a thickening of the fibrous tissue layer (fascia) underneath the skin of the palm and fingers. Although Pamela described the condition as not really painful, her finger had become contracted over the course of many years and led to the inability to straighten her finger.

The cause of Dupuytren’s contracture is not known, but it’s not caused by an injury or heavy hand use. Dupuytren’s is most common in people of Northern European or Scandinavian ancestry, and thus is very prevalent in the Midwest. Typically it is more common in men over age 40 and often runs in families.

There is no cure for Dupuytren’s contracture. As in Pamela’s case, it usually progresses very slowly and may never progress beyond lumps in the palm. If the condition progresses, surgical and nonsurgical treatments may help to slow the disease.

“I now have great function with my hand. I’m able to do yoga, grip things I wasn’t able to, and type on the computer much easier. I feel ‘normal’ and don’t have a disfigured hand. And it was way less painful and expensive than having surgery!” *Pamela Percy*



A less invasive procedure called a needle aponeurotomy is available when the disease is at an early stage. Under local anesthesia, the surgeon inserts a very thin needle under the skin. The sharp needle cuts a path through the cord, weakening it enough to stretch and extend or rupture it.

Cords and small nodules in the fascia may be felt as small knots or thick bands under the skin. Depending on the stage of the disorder, your finger may have started to contract, or bend.

Pamela did explore surgical treatment, which involves removing as much of the diseased and contracted tissue as possible. Surgery involves pain, suffering, risk of infection, and a protracted recovery period with weekly occupational therapy sessions, and does not guarantee that contractures will not recur. The cost of such a procedure, including anesthesia, facility and surgeon fees, and therapy is typically \$5,000 - \$15,000. The recovery process combined with the cost was a deterrent to Pamela. “I was able to cook, garden, and perform my duties as a nurse, so I didn’t want to have surgery unless absolutely necessary,” Pamela explained.

“By the time I turned 60, my condition was getting more problematic. I was searching on the internet for other options when I stumbled on a new alternative treatment for Dupuytren’s contracture called Needle Aponeurotomy (NA),” Pamela noted. In contrast to surgery, this minimally invasive treatment allows a more rapid recovery. In most cases, it is possible to return to near normal activities without bandages within a few hours.

Dr. Lermusiaux developed Needle Aponeurotomy at the Hospital Laribosière, Paris, France. Dr. Charlie Eaton of Jupiter, FL,

was personally instructed on this method by Dr. Lermusiaux in 2003, and was the first physician to offer this procedure in the United States. Dr. Nick Meyer of St. Croix Orthopaedics was trained by Dr. Eaton and is one of only two physicians in Minnesota who offers this procedure.

“When I found a doctor in our area who could perform this procedure, I knew I had to explore this option,” Pamela recalled. “I had an initial consultation with Dr. Meyer and then returned for the procedure. On the day of my procedure, I walked into Dr. Meyer’s office with my finger contracted and only 20 minutes later walked out with it nearly straight! Dr. Meyer was easy to talk to, kind, and very well informed about my condition and this procedure.”

A St. Croix Orthopaedics occupational therapist specially trained in hand and upper extremity therapy fitted Pamela with a customized hand splint and advised her to wear it for six weeks during overnight hours. After six weeks, Pamela had a follow-up evaluation with Dr. Meyer.

“The beauty of this technique is its simplicity. I numb the hand with local anesthesia, use a handful of 25-gauge needles to cut the contracted cords, and that’s it,” Dr. Meyer explained. “It is similar to cutting a rope into multiple sections to remove the tension, whereas open surgery involves removing the rope.” No incision is required and this procedure can be done in a clinical visit. Com-

plications are no greater than with surgery, and the patient experiences less pain and swelling immediately after the procedure. Dr. Meyer also noted, “The other wonderful thing for patients is the inexpensive nature of the procedure. It typically costs less than \$1,000.”

Early results show recurrence rates with NA may be slightly higher or faster than surgery, but long-term recurrence rates are unknown at this time. Dr. Meyer is currently surveying results from the procedures he has performed in order to provide better information on recurrence rates.

“This is a ‘perfect’ procedure in today’s healthcare climate – it is almost as effective as open surgery when comparing recurrence rates, uses ‘new’ technology, and is less expensive. Bigger isn’t always better, and I think this is a great example of that motto,” Dr. Meyer commented.

Pamela couldn’t be happier with the results of her procedure. “I now have great function with my hand. I’m able to do yoga, grip things I wasn’t able to, and type on the computer much easier. I feel ‘normal’ and don’t have a disfigured hand. And it was way less painful and expensive than having surgery!” ■

For more information on Dupuytren’s contracture and Needle Aponeurotomy, visit www.stcroixortho.com or www.DupuytrenFoundation.org.