

Policy statement:	Duputyren's Contracture
Status:	Individual Prior Approval

Duputyren's Contracture is nodular or cord-like thickening of the palmar fascia causing a tethering of the digits and a loss of range of extension.

Surgical treatment for Duputyren's contracture is commissioned by M&SECCGs on a restricted basis. Cases will only be funded if they meet the criteria below:

- Metacarpophalangeal joint (MCPJ) joint contracture of 30° or more and/or proximal interphalangeal joint contracture of 20° or more (inability to place hand flat on table)

OR

Severe thumb contractures

AND

- Where such condition (either MCPJ or PIPJ) is severely impacting on activity of daily living.

OR

- Young patients with early onset disease (25-40) +/- family history, who may benefit from early assessment.

The use of Collagenase clostridium histolyticum (Xiapex®) is only supported in line with NICE TA459

- People who meet the inclusion criteria for the ongoing clinical trial (HTA-15/102/04), comparing collagenase clostridium histolyticum (CCH) with limited fasciectomy, are encouraged to participate in the study.
- For people not taking part in the ongoing clinical trial, CCH is recommended as an option for treating Duputyren's contracture with a palpable cord in adults only if all of the following apply:
 - There is evidence of moderate disease (functional problems and metacarpophalangeal joint contracture of 30° to 60° and proximal interphalangeal joint contracture of less than 30° or first web contracture) plus up to 2 affected joints.
 - Limited fasciectomy is considered appropriate by the treating hand surgeon.
 - The choice of treatment (CCH or limited fasciectomy) is made on an individual basis after discussion between the responsible hand surgeon and the patient about the risks and benefits of the treatments available.
 - One injection is given per treatment session by a hand surgeon in an outpatient setting. ME&SCCGs will not fund any activity/treatments costs associated with administration of CCH in any other circumstances. **Individual funding approval is required for each injection (High Cost Drug proforma).**

For audit purposes the referral letter must detail loss of extension and functional impairment.

The following surgery/treatments are considered to be a low clinical priority and are not routinely funded.

- Needle aponeurotomy (also known as percutaneous needle fasciotomy)
- Radiation therapy for early Dupuytren's contracture
- Simple nodules in the palm

Funding for patients not meeting the above criteria will only be granted in clinically exceptional circumstances.

Individual funding requests should only be made where the patient demonstrates clinical exceptionality.

Further information on applying for funding in exceptional clinical circumstances can be found on the CCGs' website.

References:

<https://www.nice.org.uk/Guidance/IPG43>

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

<https://www.nice.org.uk/guidance/indevelopment/gid-tag364>