

## Part 2: Evidence and References

### (Policy Part 1) Dupuytren's Contracture Surgical Threshold Policy

#### Rational and Evidence

- There is insufficient evidence to show a superiority of one surgical technique over another for Dupuytren's contracture<sup>2</sup>.
- Rates of recurrence for limited fasciectomy appear to be lower compared with needle fasciotomy<sup>3</sup>.
- However, studies show that needle fasciotomy can benefit some patients with Dupuytren's Contracture<sup>3, 4</sup> and NICE [IPG43]<sup>5</sup> recommend it as a treatment option. It is associated with a shorter recovery period<sup>6</sup> and may be done as an outpatient procedure<sup>7</sup>.
- Evidence for the effectiveness of radiation therapy is limited<sup>8</sup> and NICE [IPG573]<sup>9</sup> state that evidence on its efficacy is inadequate in quantity and quality.

#### Estimated Number of People Affected

Dupuytren's Contracture affects 3-5% of the population in the UK<sup>10</sup>.

#### References

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<b>Reference:</b>	onedrive\CPF Pols & Working Area\Surg Threshold Pols \CCG Policies\Dupuytren's\Agreed\ DUPUYTRENS MAY 2021 V5 – EVIDENCE PART 1