Patient Name:
Address:
Date of Birth:
NHS Number
Consultant/Service to whom referral will be made:

Please send this form with the referral letter.

8. Dupuytren's Contracture - Clinical Threshold Referral Criteria

Dupuytren's Contracture is a fairly common condition that causes one or more fingers to bend into the palm of the hand. The symptoms are often mild and painless and do not require treatment. There is great variation in the rate of progress. It is usually possible to distinguish the more aggressive form of the disease early on.

Surgery is the only effective method of treatment for Dupuytren's contracture.

However patients should be advised that approximately 40% of people will have a recurrence following surgery.

The contracture can return to the same spot on the hand or may reappear somewhere else.

Recurrence is more likely:- in younger patients if the original contracture was severe or there is a strong family history of the condition.

Most patients with Dupuytren's contracture do not need treatment and can be managed expectantly and surgery for this group of patients is regarded as a procedure of low clinical priority.

Criteria for Commissioning -Requests for surgical treatment of

Dupuytren's Contracture will be considered when:

		Yes	No
A	The patient has a 30 degree fixed flexion deformity at either: MCP- metacarpophalangeal joint PIP- Proximal interphalangeal joint		
	AND		
B	Patient cannot flatten their fingers or palm on a table		
	OR		
	There has been a rapid progress over a few months		

*Selection of one **YES** box from **BOTH A AND B** required to qualify patient for referral.*

Consider referring patients who do not meet the above criteria via IFR.

Consultant use only	**GP use only**	**Commissioner's use only**
Please complete the following and file for future compliance audit. Referral criteria is met and the patient will benefit from the proposed treatment: yes / no Signature………………………… Consultant name:………………. Please print Hospital:…………Date…………	Practice stamp/address Referring clinician:…………... … … Date: …………………………………	Criteria met as per policy: yes / no Compliance with notes: yes / no Audit date:…………………. Audited by:………………… Please print (GP/Cons)