DUPUYTREN'S CONTACTURE RELEASE SURGERY IN ADULTS PRIOR APPROVAL (PA) POLICY

Version:	2526.v5c
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Approved by Responsible Committee/Individual:	NHS Somerset Management Board
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Target audience:	**NHS Somerset ICB**: • NHS Providers • GP Practices • Contracts Team **Medical Directors:** • Somerset NHS Foundation Trust • Royal United Hospitals Bath NHS FT
Application Form	Prior Approval Form

DUPUYTREN'S CONTRACTURE RELEASE SURGERY
IN ADULTS
PRIOR APPROVAL POLICY

VERSION CONTROL

Document Status:	Current policy
Version:	2526.v5c

DOCUMENT CHANGE HISTORY		
Version	**Date**	**Comments**
1718.v1	April 2017	Amended to include NICE update on CCH
1718.v2	January 2018	New policy template and PALs email address
1718.V3	April 2019	IFR replaced with EBI name change. 'Regard 'to Section 14Z8 of the NHS Act 2006
1819.v3a	December 2019	Removal of CCH treatment
1920.v4	September 2022	3-year review. Amendment from SCCG to NHS Somerset ICB. New PALS email address
2223.v4a	November 2022	Removal of PNF treatment. Inclusion of associate surgeries wording. Numbering correction and formatting.
2223.v5	March 2023	Wording change 3.6
2223.v5a	June 2024	Logo change with amendment to website link and clinical exceptionality wording on 3.6
2425.v5b	May 2025	3-year review and wording amendment to general principles and EBI pathway. Removal of reference to or Collagenase Clostridium Histolyticum (CCH) in 2.1 as of 2017 no longer available in the UK NICE TA459

Equality Impact Assessment EIA	1718.v1
Quality Impact Assessment QIA	20180302 v1
Sponsoring Director:	Dr Bernie Marden
Document Reference:	2526.v5c

1 GENERAL PRINCIPLES PA (PRIOR APPROVAL)

1.1 Funding approval must be in place prior to treating patients for this prior approval treatment

Please note: Funding approval is given where there is evidence that the treatment requested is clinically effective and the patient has the potential to benefit from the proposed treatment

1.2 Receiving funding approval for the specified treatment requested, DOES NOT confirm that the patient will receive treatment or surgery. The patient MUST CONSENT to receiving treatment/ surgery prior to treatment being undertaken

1.3 The policy does not apply to patients with suspected malignancy who should continue to be referred under the NHS '2 week wait pathway' rules for assessment and testing as appropriate

1.4 Patients with an elevated BMI of 30 or more MAY experience more post-surgical complications including post-surgical wound infection and should be encouraged to lose weight further prior to seeking surgery

https://www.sciencedirect.com/science/article/pii/S1198743X15007193 (Thelwall, 2015)

1.5 Patients who are smokers should be referred to a smoking cessation service to reduce the risk of surgery and improve healing

1.6 Prior approval funding is available for one year commencing the date of approval

2 POLICY CRITERIA PRIOR APPROVAL

2.1 The ICB does **NOT** commission Radiation Therapy for Dupuytren's contracture

2.2 Treatment is not indicated in cases where there is no contracture, and in patients with a mild (less than 20°) contractures, or one which is not progressing and does not impair function.

2.3 The ICB commissions interventions (needle fasciotomy, fasciectomy and dermo fasciectomy) where the following criteria are met;

There is evidence of moderate disease, and the patient has a 30 degree or greater fixed flexion deformity (contracture) at the either:

a) Metacarpophalangeal joint **OR**
b) Proximal interphalangeal joint **OR**
c) Severe thumb contractures which interfere with function

2.4 Where an original funding authorisation is for a digit and the secondary care clinician determines when seeing the patient that they require further surgery to another digit on the same hand, the provider may undertake the other procedure(s) without seeking further funding authorisation where they fall under all the following conditions:

- The digit fulfils the relevant policy treatment criteria of the NHS Somerset treatment policy
- The treatment would be undertaken within the same episode of care
- The medical notes must clearly document how the policy treatment criteria have been met for the surgery of the additional digit
- Patient consent

2.5 Patients who are not eligible for treatment under this policy, please refer to section 3 EVIDENCE BASED INTERVENTIONS APPLICATION PROCESS on how to apply for funding with evidence of clinical exceptionality

3 EVIDENCE BASED INTERVENTIONS APPLICATION PROCESS

3.1 Patients who are not eligible for surgery under this policy may be considered for surgery on an individual basis where the 'CLINICIAN BEST PLACED' believes exceptional circumstances exist that warrant deviation from the rule of this policy

'THE CLINICIAN BEST PLACED' is deemed to be the GP or Consultant undertaking a medical assessment and/or a diagnostic test/s to determine the health condition of the patient

3.2 Completion of a **Generic EBI Funding Application Form** must be sent to the EBI team by the 'clinician best placed' on behalf of the patient

Note. applications CANNOT be considered from patients personally

3.3 Only electronically completed EBI applications emailed to the EBI Team will be accepted

3.4 It is expected that clinicians will have ensured that the patient, on behalf of whom they are forwarding the funding application, has given their consent to the application and are made aware of the due process for receiving a decision on the application within the stated timescale

3.5 Generic EBI Funding Applications are considered against '**clinical exceptionality'**. To eliminate discrimination for patients, social, environmental, workplace, and non-clinical personal factors CANNOT be taken into consideration.

For further information on 'clinical exceptionality' please refer to the NHS Somerset ICB EBI webpage Evidence Based Interventions - NHS Somerset ICB and click on the section titled **Generic EBI Pathway**

3.6 Photographs can be forwarded with the funding application form to further support the clinical evidence provided where appropriate

4 ACCESS TO POLICY

4.1 If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Patient Advice and Liaison Service on Telephone number: 08000 851067

4.2 **Or write to us**: NHS Somerset ICB, Freepost RRKL-XKSC-ACSG, Yeovil, Somerset, BA22 8HR or **Email** us: somicb.pals@nhs.net

5 REFERENCES

The following sources have been considered when drafting this policy:

5.1 NICE. (DEC 2016). Radiation therapy for early Dupuytren's disease. Retrieved from https://www.nice.org.uk/guidance/indevelopment/gid-ipg10022/documents

5.2 Thelwall, S. P. (2015). Impact of obesity on the risk of wound infection following surgery: results from a nationwide prospective multicentre cohort study in England.

5.3 Clinical microbiology and infection: the official publication of the European Society of Clinical Microbiology and Infectious Diseases, vol. 21, no. 11, p. 1008.e1.

5.4 Von Campe, A., Kende, K., Omaren, H., & Meuli-Simmen, C. (2012). Painful Nodules and Cords in Dupuytren Disease. The Journal of Hand Surgery, 1313-1318.

5.5 Cochrane review dated 2014 https://www.ncbi.nlm.nih.gov/pubmed/24671929

5.6 NICE – Dupuytren's Disease: https://cks.nice.org.uk/dupuytrens-disease

5.7 Crean SM, Gerber RA, Le Graverand MP, Boyd DM, Cappelleri JC. The efficacy and safety of fasciectomy and fasciotomy for Dupuytren's contracture in European patients: a structured review of published studies. J Hand Surg Eur Vol. 2011;36(5):396-407

5.8 Krefter C, Marks M, Hensler S, Herren DB, Calcagni M. Complications after treating dupuytren's disease. A systematic literature review. Hand surgery & rehabilitation. 2017, 36: 322-9

5.9 NICE 2004. Needle fasciotomy for Dupuytren's contracture

5.10 Rodrigues JN, Becker GW, Ball C, Zhang W, Giele H, Hobby J, et al. Surgery for Dupuytren's contracture of the digits. Cochrane Database Syst Rev. 2015(12):CD010143

5.11 Scherman P, Jenmalm P, Dahlin LB. Three-year recurrence of Dupuytren's contracture after needle fasciotomy and collagenase injection: a two-centre randomized controlled trial. J Hand Surg Eur Vol. 2018;43(8):836-40

5.12 Skov ST, Bisgaard T, Sondergaard P, Lange J. Injectable Collagenase Versus Percutaneous Needle Fasciotomy for Dupuytren Contracture in Proximal Interphalangeal Joints: A Randomized Controlled Trial. J Hand Surg Am. 2017;42(5):321-8 e3

5.13 Stromberg J, Ibsen Sorensen A, Friden J. Percutaneous Needle Fasciotomy Versus Collagenase Treatment for Dupuytren Contracture: A Randomized Controlled Trial with a Two-Year Follow-up. J Bone Joint Surg Am. 2018;100(13):1079-86

5.14 van Rijssen AL, Gerbrandy FS, Ter Linden H, Klip H, Werker PM. A comparison of the direct outcomes of percutaneous needle fasciotomy and limited fasciectomy for Dupuytren's disease: A 6-week follow-up study. J Hand Surg Am. 2006, 31: 717-25

5.15 van Rijssen AL, ter Linden H, Werker PM. Five-year results of a randomized clinical trial on treatment in Dupuytren's disease: Percutaneous needle fasciotomy versus limited fasciectomy. Plast Reconstr Surg. 2012, 129: 469-77

5.16 NHS England EBI List 1

Home - aomrcebi

5.17 NHS England » Evidence-Based Interventions Programme