. Dupuytren's Contracture Commissioning Statement

Version 1.0 (1 August 2025)

Criteria

1. Needle fasciotomy, limited fasciectomy and dermofasciectomy for Dupuytren's disease are routinely commissioned when:

- There is a contracture that significantly impairs function

  or

- There is rapidly progressive disease

2. The treating clinician should counsel the patient regarding the risks and benefits of surgery, using a validated decision support tool if appropriate.

3. Surgical interventions for Dupuytren's disease are not commissioned for purely cosmetic purposes.

4. External fixation and splinting are not routinely commissioned.

5. Radiotherapy for Dupuytren's was previously commissioned by NHS England specialised commissioning but is no longer routinely commissioned.

Exclusions

1. Collagenase injections have been excluded from this commissioning statement as they are no longer available in the UK.

2. Treatment of painful nodules resulting from Dupuytren's disease are excluded from this commissioning statement.

Notes for clinicians:

When referring to secondary care for treatment, please ensure you include enough detail for secondary care clinicians to triage against, otherwise referrals could be rejected.

Treating clinicians can submit an Individual Funding Request, also known as an IFR, outside of this guidance if they feel there is a good case for exceptionality. More information on determining clinical exceptionality can be found in the Greater Manchester IFR Operational Policy.