Hematoma Following Fasciectomy for Dupuytrens Disease
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INTRODUCTION
BACKGROUND AND PURPOSE
Complications following fasciectomy for Dupuytren’s Disease (DD) include digital nerve injury, wound healing complications, necrosis, hematoma formation and infection.

The purpose of this study was to evaluate the number of postoperative complications, and hematomas in particular following fasciectomy for DD.

METHOD
362 patient charts were retrospectively reviewed. Postoperative events were recorded. Student T-test was used for numerical values. Chi-Square and Fisher’s Exact test was used for binomial outcomes. P<0.05 was considered statistically significant.

RESULTS
COMPLICATIONS
No patients had ongoing treatment at the time of follow up (1-3 y). The mean age at follow-up was 67.6 years (SD 9.1, range 34-95 y). There were 43 wound defects (11.9 %), 27 hematomas (7.5 %), 14 recurrences (3.9 %) and 11 infections (3 %) postoperatively.

POSTOPERATIVE HEMATOMA
Those with postoperative hematoma had a mean of 9.75 (SD 4.2) outpatient visits postoperatively, those without had 3.71 (SD 2.8), P<0.0001. Infections occurred in 2.3 % of patients without postoperative hematoma and in 16.7 % of patients with postoperative hematoma, P=0.0065. There were no differences in wound defects or recurrence rates when comparing patients with postoperative hematomas to those without, P>0.05.

ANTICOAGULANTS, EXPERIENCE, # OF FINGERS
The use of anticoagulants, the use of tobacco or whether the patients were operated on by junior doctors under supervision did not vary on any parameters, P>0.05.

Operating on three or more fingers in one setting compared to one or two fingers resulted in more postoperative outpatient visits (P=0.007), wound defects (P=0.049), and hematomas (P=0.012).

CONCLUSION
Operating on three or more fingers leads to more complications and should be avoided when possible. A postoperative hematoma results in significantly more postoperative outpatient visits and more infections.