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Dear Colleague,

It has recently been suggested that the Queen Victoria Hospital NHS Foundation Trust is more expensive than neighbouring Trusts for hand procedures – particularly the treatment of Dupuytren's contracture.

We would like to clarify that national tariff applies to these procedures and therefore, on a like for like basis, this is not the case.

Thresholds apply for the treatment of Dupuytren's Contracture and these are clearly stated within the NHS West Sussex document "Low Priority Procedures and Procedures with Restrictions".

Where the threshold for treatment is met, QVH treat Dupuytren's contracture via a number of interventions from simple to complex:

(1) Collagenase – new treatment proposed to be introduced by QVH in an outpatient setting. Injection of this enzyme into the cords causes the Dupuytren's tissue to dissolve. It is particularly suitable for very well defined cords and early disease.

(2) Fasciotomy – The cords are cut through small cuts in the palm either by blade or needle. Suitable for very well defined cords, palmar involvement, mild contractures, or patients who are unfit/unsuitable for more complicated surgery. Although recovery is fast it has complications and higher recurrent rates than other techniques. Recurrence rates are 50% at 3-5 years.

(3) Fasciectomy – Correction is usually done by removal of the fascia. The wound is stitched up in a zigzag manner which lengthens it but sometimes a section is left open to heal. Recurrence rates are in the region of 40% at 5 years – most of which are likely to require dermofasciectomy.

(4) Dermofasciectomy – In some situations the fascia is removed with the overlying skin:

- Where the skin is also affected by the disease
- When the problem has come back after previous surgery
- In young patients (20-40yrs) who almost always have recurrence after fasciectomy

Dermofasciectomy is a more complicated operation which takes longer to recover from because the removed skin has to be replaced by a skin graft and must be done by a specialist in microvascular reconstruction. QVH is one of two units in the South East Coast area undertaking these procedures and the only specialist plastics and reconstructive surgery unit. Recurrence rates are much lower for dermofasciectomy – approximately 10% at 5 years.

Dermofasciectomy also has a higher tariff than the other procedures reflecting the complexity of the procedure.

All partners in the health economy agree the need to ensure that the most appropriate treatment for patients is provided against clear intervention thresholds. Treatment options will be discussed with the patient through a shared decision making process that allows the patient to weigh up the evidence around outcomes and recurrence.

These developments will be shared with you over the coming months.

Yours faithfully



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