

# What Is PNF

Percutaneous Needle Fasciotomy (PNF) also known as Needle Aponeurotomy is a minimally invasive non-surgical technique for the treatment of Dupuytren's contracture.



Dupuytren's  
Cord

The technique involves using a fine needle to cut through the Dupuytren's cord so that it weakens and will then break under manipulation allowing the finger to be straightened

PNF is performed under a local anaesthetic and can be performed in the outpatient or minor surgery setting.

This technique allows a rapid recovery and return to function within 1-2 days.

# The Procedure

Percutaneous Needle Fasciotomy (PNF) can be performed in both clinic and theatre settings. Under aseptic conditions the affected hand prepared and covered with a small sterile drape.

Multiple sites can be addressed at the same sitting and the sequence and number will be determined after discussion between yourself and your surgeon.

The area to be treated is infiltrated with a small quantity of local anaesthetic and then a fine needle is used to weaken the thickened tissue progressively. After the Dupuytren's cord has been sufficiently weakened the finger is carefully straightened with increasing pressure until the weakened cord breaks allowing the finger position to correct.

Sometimes the correction is only partial but with this technique it is possible to specifically target residual cords and attempt further manipulation

You will be awake during this procedure but should feel minimal discomfort.



# After The Procedure

Following the procedure you will normally only require simple dressings that you should leave on for 24-48 hours. You can return to normal activities such as *driving and golf* after a couple of days but you should *avoid heavy lifting for a week* after the treatment.

# What Are The Risks?

Needle Fasciotomy is fortunately a relatively safe procedure, however there are potential risks with any treatment, these include.

**Recurrence**, the risk of recurrence is quite high occurring in about 50% at 3-5 years and sooner in some people, but the procedure can be repeated at that stage if required.

**Skin tears**, occasionally with big corrections a skin tear can occur, this is normally treated with simple dressings and heals in a few weeks.

**Nerve, Tendon or Vessel injury** the risk of injury to any of these structures is very low (<1%) but if occurring may require further surgery.

**Infection** is a rare complication

**Complex Regional Pain Syndrome** is a rare complication

## Treatment Options

### Conservative

The indication for treating Dupuytren's contracture is functional problems. If there are no functional problems there is no absolute reason to intervene at all.

### Non Surgical

The available options for minimally invasive non surgical treatments are **Needle Fasciotomy** or collagenase enzyme.

### Surgical

There are a number of surgical options available that include **Open Fasciectomy** (surgical release) and **Dermofasciectomy** (skin graft) to try and correct the affected fingers or **Joint Fusion** and **Amputation** as end stage salvage procedures.

## Further Information

[www.hertshandsurgeon.com/Dupuy.html](http://www.hertshandsurgeon.com/Dupuy.html)

[www.dupuytren-society.org.uk/treatment/Needle.html](http://www.dupuytren-society.org.uk/treatment/Needle.html)

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Availability: **Alt Wednesday**  
08:00 – 12:00  
**Thursday evenings**  
18:00 – 20:00  
**Friday**  
08:00 – 12:00 or 14:00 – 18:00  
(Alternate Weeks)

Appointments  
**0800 585112**

For Self Pay Pricing Enquiries  
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## Percutaneous Needle Fasciotomy

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