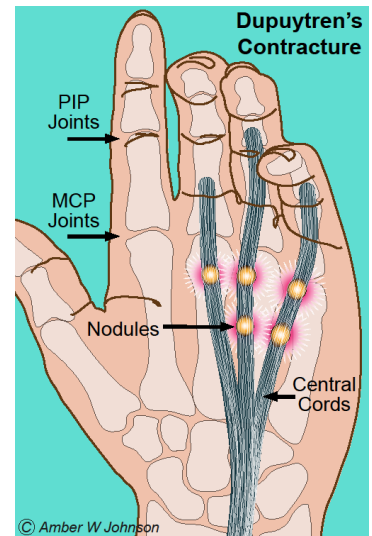


Dupuytren's Contracture: XIAFLEX Injection Rehabilitation Protocol

Day of Injection (at clinic):

- Multiple injections will be made directly into the Dupuytren's cords in the hand.
- Injections will be done without anesthesia to reduce chance of injecting XIAFLEX into nerves found very close to the cords.
- A compressive dressing is then placed, and ice is applied.
- Most patients tolerate the injections well. (Patients that will not tolerate injections without local anesthesia may not be good XIAFLEX candidates, and may require open fasciectomy surgery.)
- Expect some swelling, bruising, and soreness for several days.
- Plan "RICE": rest, ice, compression, and elevation.
- Do not attempt to straighten fingers before scheduled appointment with physician.
- Call if any problems or questions arise.



2 Days Post Injection (at clinic):

- Return to clinic for manipulation of fingers to release cords. This will be done under a local block for pain control.
- A gentle force is then applied to extend affected fingers.
- An audible and palpable popping occurs as the cords are released and extension improves.
- Continue to elevate, ice, and take pain medication if needed and as prescribed.

Following Manipulation (at therapy):

- Expect your first therapy appointment the same or next day following manipulation at clinic.
- Receive extension splint from therapist for involved fingers to wear for 6-8 weeks at night. (A forearm-based splint with wrist and fingers in extension may be necessary for patients with severe contractures.)
- Begin slow progressive stretching and range of motion exercises daily. (You may still feel cords pop or tear while working on range of motion.)
- Continue with therapy 1-2 times a week for approximately 4-6 weeks (often performed as home program).
- Again, expect some swelling and bruising in the digit/palm.

8-10 Week Post Op:

- Follow up appointment.
- Discontinue night-time splint wear
- Anticipate additional follow up as needed

Considerations:

- Occasionally, reinjection may be considered if necessary to achieve further extension. (It is possible for a patient to receive up to three injections at thirty day intervals.)
- If joint contracture is present after rupture of cord(s), surgical joint release (or capsulectomy) may be required.