

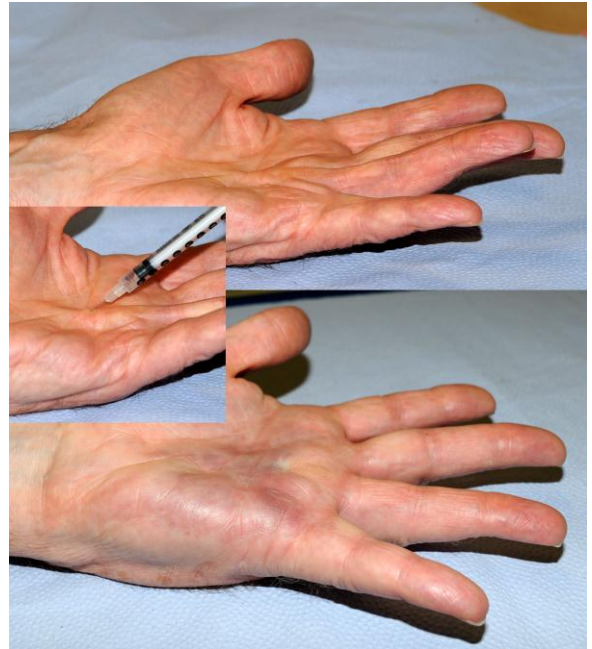
COLLAGENASE INJECTION

Dupuytren's tissue is made of collagen and fibroblast cells. Fibroblast cells control the amount and arrangement of the collagen fibres. Active cells are called *myofibroblasts* because they contain muscle protein and have the ability to contract and move. This combined with their ability to make and break-down collagen is the probable mechanism for the tightening of the Dupuytren's cords.

Collagenase is an enzyme capable of breaking down collagen. Xiapex® is a combination of two purified collagenases derived from the bacterium *Clostridium histolyticum*.

Xiapex is administered by local injection directly into the Dupuytren's cord. The procedure is carried out in the consulting room. The injection will cause swelling and quite a bit of bruising.

The day after injection, the finger is gently manipulated to break the cord. The hand is often quite sore and therefore I do this under local anaesthetic in most patients, both for comfort and to achieve the best result. Release of the cord often occurs with an audible "snap"; worrying if not expected! It may be necessary to provide a splint to help maintain the correction, particularly whilst the soreness settles.



Hand elevation is important after the injection and manipulation to prevent swelling and stiffness of the fingers. Please remember not to walk with your hand dangling, or to sit with your hand held in your lap. It is fine, however, to lower your hand for light use. You should get back to normal light activities as soon as possible as guided by common sense. The hand should not be used heavily in the days after injection as the injection can theoretically weaken tendons and ligaments.

The most common side effects seen with Xiapex are local reactions such as swelling, bruising, bleeding and pain. These reactions generally settle within one to two weeks. Serious complications of Xiapex are extremely rare. They include tendon rupture or ligament damage that may result in the inability to bend the finger and may require corrective surgery. Contact my secretary if there is evidence of infection (e.g., fever, chills, increasing redness), sensory changes in the treated finger, or trouble bending the finger after the swelling goes down (symptoms of tendon rupture).

If the contracture remains, you will be reassessed about four weeks after treatment. Another injection can be administered into the same cord and the finger extension procedure repeated the following day. Injections and finger extension procedures may be administered up to three times per cord, at approximately four-week intervals.