


How I Treat Dupuytren's The SIMple Technique

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Disclosure:
I am a speaker and consultant for Endo Pharmaceuticals




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Xiaflex = Collagenase background

- Started using this enzyme the day it was approved
- Multicord Study
- Frozen Shoulder Clinical Trials
- I have performed approximately 1% of all the injections in the USA



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SIMple Technique

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Most Patients Today are Still Receiving Surgery for Dupuytren's

75% • 25% receiving Xiaflex

- Almost all doing the on-label FDA approved injection technique



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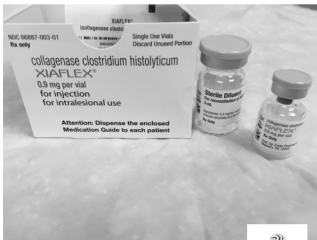



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Simple Technique


- Slow
- Intracord
- Multicord
- Really not that difficult

SIMPLE





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Simple Technique 

- The key is injecting directly into the cord.
- Patience!
- Most surgeons, including me many times, are not patient
- The enzyme starts working right away
- As the bonds are broken that hold the triple helix together, the collagen molecule unwinds and it becomes easier to inject!

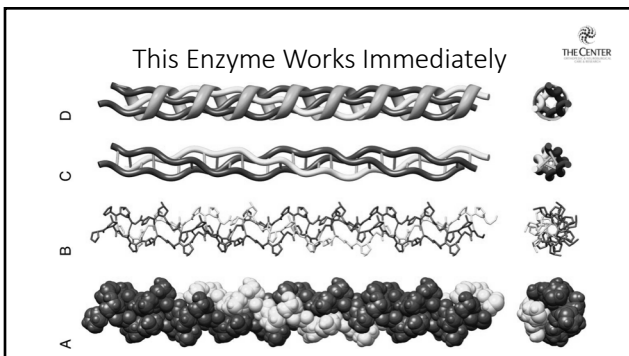
Full length article

Early outcomes of a sequential series of 144 patients with Dupuytren's contracture treated by collagenase injection using an increased dose, multi-cord technique

J R Verheyden

Abstract
Collagenase clostridium histolyticum is the first and only United States Food and Drug Administration approved treatment for patients with a palpable Dupuytren's contracture cord. In a recent review of the early outcome of 144 patients treated with this enzyme, approximately 178 mg, along with use of a novel slow intracordal multi-cord technique, was used.

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Simple Technique

- Good knowledge of anatomy is surgical power.
- Inject only into the cords.



HEALTH

DEPARTMENT CONTRIBUTOR

GETTING IT STRAIGHT

Hand

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More Expensive Than Liquid Gold!!




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\$130,000,000/ounce!!

- 0.9 mg/bottle
- 1 bottle = \$4,113.40
- 1000 mg/gram
- 28.35 g/ounce
- 31,500 doses/ounce




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Simple Technique

- I use the whole bottle of enzyme
 - I cannot justify throwing out \$1500 worth of enzyme
- I inject multiple cords
 - I inject on average 2.5 cords/bottle
- I frequently inject where it is not recommended
 - PIP and DIP joint areas
 - Garrod nodules
 - Lederhosen Disease – feet
 - Thumbs
 - To correct Boutonniere deformities
 - Pt's on anticoagulants



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Use the Whole Bottle

0.39

0.34

0.25



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A Scout is Thrifty

My boys
My 14 yo is to the left

James Verheyden, MD

- Scoutmaster Troop 90
- 2014 Philmont Trek Assistant Lead Advisor
- 2015 Bahamas Scuba Dive/Sail 2nd Scoutmaster
- 2017 National Jamboree 2nd Asst Scoutmaster Crater Lake Council
- 2017 Philmont Trek Lead Advisor
- 2018 NOAC 2nd Scoutmaster Crater Lake & Oregon Trail Council
- 2019 World Scout Jamboree 1st Asst Scoutmaster Western Region
- Lodge Advisor Lo La'Qam Geela Lodge
- 2020 NOAC Scoutmaster Crater Lake Council
- 2020 Philmont Trek Lead Advisor



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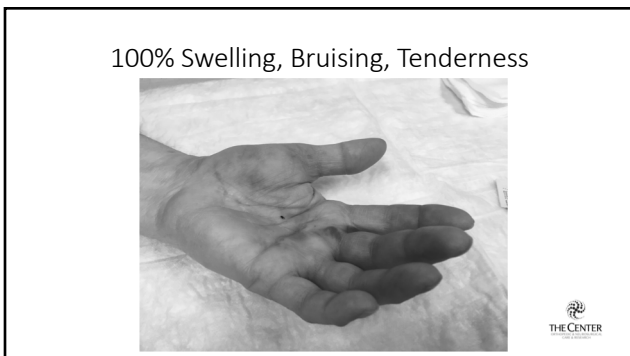
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Xiaflex Results in my Hands

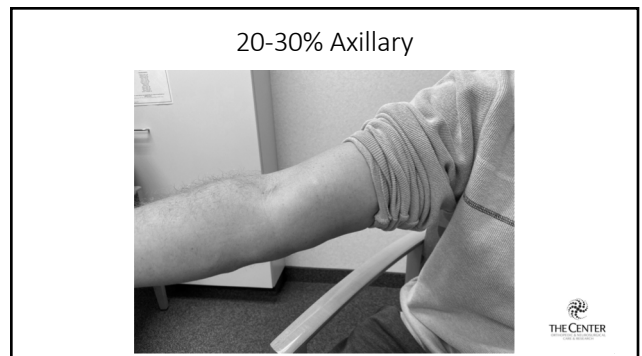
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- I inject on average 2.5 cords per bottle of enzyme and 95% of patients are getting all 2.5 cords completely straight.
- Initials studies – 1.7 bottles/cord
- 2019 ASSH Real World Experience 1.4-1.7 bottles/cord
- My experience – 0.4 bottles/cord**
- 1% to Hand Therapy

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There is NO such thing as a Nonresponder Pt



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No Such Thing as a Non Responder Patient

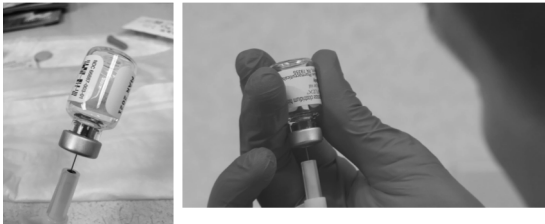
- Initial studies approximate 5% no response to the enzyme
- If no response – air was injected!!

- 100%
 - Swelling
 - Bruising
 - Tenderness



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Beware the Bubble



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Beware Having MA/PA Drawing up the Enzyme



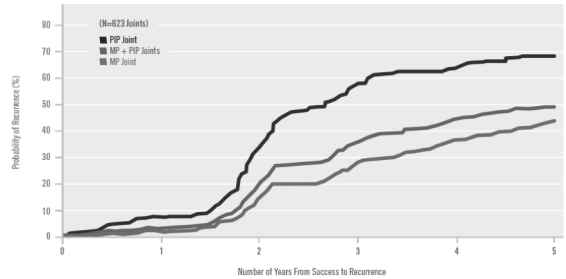
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500+ Skin Splits



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This is a Disease. 50% Recurrence.



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The Beautiful Thing About Collagenase is That if Dupuytren's Recurs, you just Inject it Again!



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Dupuytren Recurrence Rates

- Approximate 50% recurrence rate both with surgery and with the enzyme
 - Defined as ≥ 20 degrees recurrence of contracture
- Benefit of the enzyme
 - If the disease recurs, very easy to inject again
 - If the disease recurs after surgery, it is very difficult to operate a 2nd or a 3rd time
 - Previous surgery does not preclude use of the enzyme
- Needle Aponeurotomy
 - Higher recurrence
 - Disease tissue comes back thicker and wider



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Better Results Obtained When Patients Tx Early

- Results decline when MCP and/or PIP joints have greater than 40 deg contractures.
- Results really decline when PIP joint has a 70 deg contracture or greater



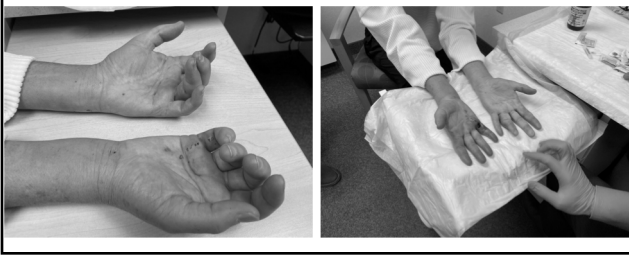
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I Inject 10-12 Separate Areas with Each Bottle



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Inject 2 Bottles



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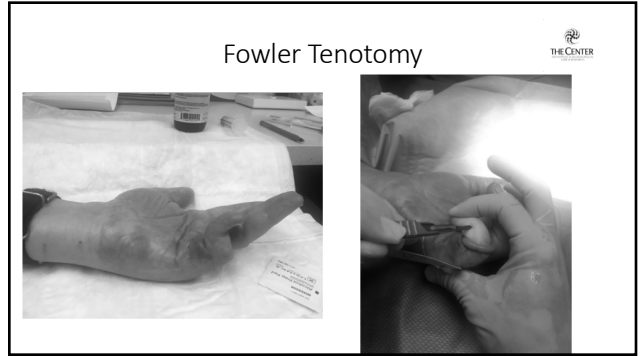
Beware the Bouttonaire



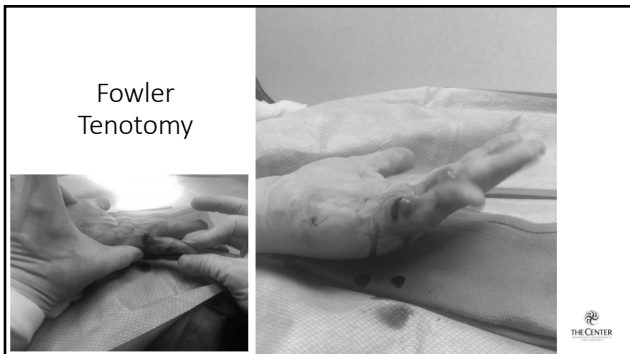
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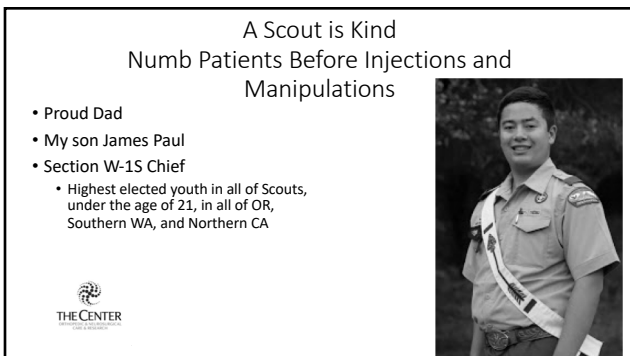
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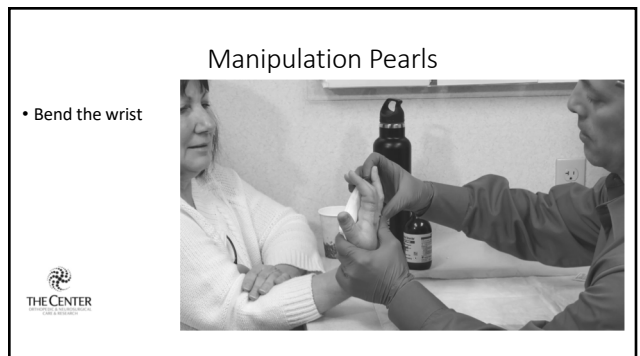
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Manipulation Pearls

- Dorsal field block for small finger PIP



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Manipulation Pearls

- Wrist block



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No Ice for 6 Hours



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1% to Hand Therapy



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Make the C



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Milk the Finger



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Thumb and Index Fingers Require More



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Benefits of Xiaflex Compared to Surgery



- Can inject both hands at the same time.
- Surgery for Dupuytren's is almost never performed bilaterally



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Benefits of Xiaflex Compared to Surgery



- No unsightly permanent scars
- Quicker return to work and activities



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Do in Conjunction With Other Procedures



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Biggest Bang for the Buck

Nuggering 1 month later



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Garrod Nodules
Lederhosen Disease
Post Burn Scarring

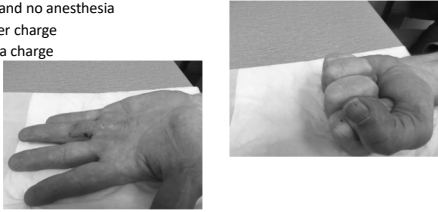


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Benefits of Xiaflex Compared to Surgery

- Avoids all the downsides and risk of anesthesia
 - Not sedated and no anesthesia
 - No surgicenter charge
 - No anesthesia charge
 - Much safer



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Don't do this for the \$\$

• RVU Collagenase Injection	2.39	\$86.14
• RVU Knee injection	1.71	\$61.63
• RVU Trigger finger injection	1.51	\$54.42


• \$36.04/RVU

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Benefits of Xiaflex Compared to Surgery

- Overall expense is much less than surgery
 - Enzyme is expensive
 - Medical Economic Analysis
 - AAOS Annual Meeting New Orleans 2014
 - Approximate \$500 million in annual health care savings just in the USA



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\$1 Billion Potential Annual US Health Care Savings



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Simple Technique Benefits



- SIMPLE!
- The injection and flushing out the bottle takes more times but the results are well worth it
- The injections are simpler and easier than surgery
- Avoids all the downsides, expenses, and time with surgery
- Significant health care savings
- Quicker rehab and return to activities
- Done in the office
- Can be performed on patients who do not meet the criteria for surgery

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