

GULF COAST ORTHOPAEDIC SPECIALISTS, L.L.P.

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Compare NA to Xiaflex (Collagenase)

Needle Aponeurotomy (NA) and Xiaflex collagenase treatment accomplish the same goal: cut the cord without making big cuts in the skin. With Needle Aponeurotomy, the cords are cut with the tip of a needle at multiple locations; with Xiaflex, one section of one cord is dissolved after being injected with the medicine. NA is mechanical, Xiaflex chemical. An analogy of the difference is a clogged drain: if NA is like using a plumber's snake (immediate result), Xiaflex is like using drain cleaner (put it in and the result follows a short time later). A comparison of other differences is outlined below.

	NA	Xiaflex
Learning curve for the doctor	Longer	Shorter
What kind of doctor?	Hand specialist	Any doctor with on line training
Cost?	Less	More
Not recommended if... (Contraindications)	<ul style="list-style-type: none"> • After some hand surgeries • Open wound on hand • Current hand infection 	<ul style="list-style-type: none"> • After some hand surgeries • Open wound on hand • Current hand infection • History of bleeding problems • On Anticoagulation (Aspirin, Plavix, Coumadin, Effient...) • After lymph node surgery • Lymphedema • Pregnant, possibly pregnant, or breast feeding • Prior allergic reaction to Xiaflex
What can be accomplished with one treatment of one hand?	All areas of multiple cords, multiple joints, multiple fingers	One section of one cord
How many treatments are needed per cord / joint?	One	One to three for each affected joint. Half of patients need two or three injections each spaced one month apart
Both hands treated?	On consecutive days	On consecutive months
How many appointments are needed for a treatment?	One office visit for Evaluation and Treatment	Two or three visits: Evaluation; Injection; Manipulation.
How long does the actual treatment take?	10 - 20 minutes per finger	Less than a minute

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How is the hand bandaged the night of treatment?	Remove bandaids, allowed to wash or shower	Keep bulky bandage on; avoid moving fingers
What happens the day after treatment?	Begin hand exercises: Begin night time splinting (some patients)	Return to office for finger manipulation, possibly with anesthetic injection; Begin night time splinting (all patients)
Common issues (experienced by at least one out of four patients) during the first week after treatment	Mild hand bruising	<ul style="list-style-type: none"> • Moderate hand bruising • Hand swelling • Hand pain or tenderness • Lymph node swelling at elbow or armpit • Itching • Breaks in the skin • Redness or warmth of the skin • Pain in the underarm
Possible complications	<ul style="list-style-type: none"> • Tendon Cut • Nerve Injury • Infection 	<ul style="list-style-type: none"> • Tendon Dissolved • Nerve Injury • Infection • Ligament Injury • Tendon Pulley Rupture • Allergic Reaction
Effectiveness / Recurrence	Probably the same	

🌐 Compare NA to Open Surgery (Fasciectomy)

- Because it is less invasive, NA can be performed at an earlier stage than surgery.
- Recurrence is a problem with any treatment, but is more likely following NA than surgery.
- Severe contractures of the proximal interphalangeal joint (the knuckle in the middle of the finger) are more reliably treated with surgery than with NA.
- Repeat NA after NA is usually straightforward. Repeat surgery after surgery is not.
- Complications from open surgery are much more common than with NA.
- The real difference between NA and open surgery is the **recovery time**. With NA, it is possible to have both hands treated over a few days, and in most cases resume full normal activities within a week or two - compared to an average four to six month recovery for both hands following open releases.