

1A. DUPUYTREN

OPERATION FORM

Patient's Personal Identity No. (12 digits)

Operation date (yyyy-mm-dd)

1. Operation method
(fill in the entire row for each operated finger, marking only one alternative in each field!)

Op finger	Primary op or relapse	Type of operation	Most important skin intervention	Joint intervention / Amputation
<input type="checkbox"/> I	<input type="checkbox"/> Primary op <input type="checkbox"/> Recurrence	<input type="checkbox"/> Fasciectomy <input type="checkbox"/> Fasciotomy <input type="checkbox"/> Enzymatic injection	<input type="checkbox"/> None <input type="checkbox"/> Skin surgery (e.g. Z or Y-V) <input type="checkbox"/> Skin transplant <input type="checkbox"/> Cross-finger flap <input type="checkbox"/> Wound left open in palm (McCash)	<input type="checkbox"/> None <input type="checkbox"/> Capsulotomy <input type="checkbox"/> Arthrodesis <input type="checkbox"/> Amputation
<input type="checkbox"/> II	<input type="checkbox"/> Primary op <input type="checkbox"/> Recurrence	<input type="checkbox"/> Fasciotomy <input type="checkbox"/> Fasciectomy <input type="checkbox"/> Enzymatic injection	<input type="checkbox"/> None <input type="checkbox"/> Skin surgery (e.g. Z or Y-V) <input type="checkbox"/> Skin transplant <input type="checkbox"/> Cross-finger flap <input type="checkbox"/> Wound left open in palm (McCash)	<input type="checkbox"/> None <input type="checkbox"/> Capsulotomy <input type="checkbox"/> Arthrodesis <input type="checkbox"/> Amputation
<input type="checkbox"/> III	<input type="checkbox"/> Primary op <input type="checkbox"/> Recurrence	<input type="checkbox"/> Fasciotomy <input type="checkbox"/> Fasciectomy <input type="checkbox"/> Enzymatic injection	<input type="checkbox"/> None <input type="checkbox"/> Skin surgery (e.g. Z or Y-V) <input type="checkbox"/> Skin transplant <input type="checkbox"/> Cross-finger flap <input type="checkbox"/> Wound left open in palm (McCash)	<input type="checkbox"/> None <input type="checkbox"/> Capsulotomy <input type="checkbox"/> Arthrodesis <input type="checkbox"/> Amputation
<input type="checkbox"/> IV	<input type="checkbox"/> Primary op <input type="checkbox"/> Recurrence	<input type="checkbox"/> Fasciotomy <input type="checkbox"/> Fasciectomy <input type="checkbox"/> Enzymatic injection	<input type="checkbox"/> None <input type="checkbox"/> Skin surgery (e.g. Z or Y-V) <input type="checkbox"/> Skin transplant <input type="checkbox"/> Cross-finger flap <input type="checkbox"/> Wound left open in palm (McCash)	<input type="checkbox"/> None <input type="checkbox"/> Capsulotomy <input type="checkbox"/> Arthrodesis <input type="checkbox"/> Amputation
<input type="checkbox"/> V	<input type="checkbox"/> Primary op <input type="checkbox"/> Recurrence	<input type="checkbox"/> Fasciotomy <input type="checkbox"/> Fasciectomy <input type="checkbox"/> Enzymatic injection	<input type="checkbox"/> None <input type="checkbox"/> Skin surgery (e.g. Z or Y-V) <input type="checkbox"/> Skin transplant <input type="checkbox"/> Cross-finger flap <input type="checkbox"/> Wound left open in palm (McCash)	<input type="checkbox"/> None <input type="checkbox"/> Capsulotomy <input type="checkbox"/> Arthrodesis <input type="checkbox"/> Amputation

2. Scheduled first dressing (days)