

## Supplementary data

Table 1. Study cohort

Code	Factor
DM720:	Palmar fascial fibromatosis (Dupuytren)
KND M09x:	Fasciotomy to the wrist or hand
7002 06x (→ date 03.11.2012) and 6630 32x (date 03.11.2012 →):	Elective Surgery Centre, Silkeborg Regional Hospital, Denmark
2007–2015:	Study period

The study cohort was identified in the Danish National Patient Registry by extract of following combination of SKS codes in the Danish Healthcare Classification System.

Table 3. Preceding and succeeding operation codes

Code	Diagnosis
KND xxx:	Procedures to the wrist or hand

Succeeding nationwide operation codes extracted from the Danish National Patient Registry were used to identify postoperative complications requiring further surgery.

Table 2. Succeeding diagnosis codes

Code	Diagnosis
DA46x:	Erysipelas
DA49x:	Bacterial infection of unspecified site
DB95x:	Streptococcus and staphylococcus as the cause of diseases
DB99x:	Other infectious diseases
DG54.6:	Phantom limb syndrome with pain
DG54.7:	Phantom limb syndrome without pain
DG54.8:	Other nerve-root and plexus disorders
DG56x:	Mononeuropathies of upper limb
DG59x:	Mononeuropathies, non-specific
DG64.9:	Other disorders of the peripheral nervous system
DL02x:	Abscess in skin
DL03x:	Phlegmon
DL04x:	Acute lymphadenitis
DM65x–DM68x:	Disorders of synovium and tendon
DM72x:	Fibroblastic disorders
DM79x:	Other soft tissue rheumatism
DM89.0:	Reflex dystrophy
DS6xx:	Injuries to the wrist and hand
DT80x:	Complications following injections
DT81x:	Complications of procedures
DT88x:	Other complications of surgical and medical care
DT89x:	Infections caused by hospital treatment

Succeeding nationwide diagnosis codes were extracted from the Danish National Patient Registry to identify postoperative complications following PNF. The diagnosis codes are confined from each patient's admission into the study cohort (index date) until the date of data extract (September 20, 2018).

Table 4. Anatomical therapeutic chemical (ATC) codes

Code	Antibiotic type
MJ01:	Antibiotics for systemic use
MJ01CE02:	Phenoxymethylpenicillin
MJ01CF01:	Dicloxacillin
MJ01CF05:	Flucloxacillin
MJ01CR02:	Amoxicillin with clavulanic acid
MJ01CA04:	Amoxicillin
MJ01CA01:	Ampicillin
MJ01FA*:	Macrolides, e.g., erythromycin, roxithromycin, clarithromycin, azithromycin

Data extracted from the Danish National Prescription Registry were used to identify infections treated at general practices or by emergency doctors. The data contain information concerning prescribed antibiotics on all included patients within a month after the index PNF procedure.

Table 6. Review of reported complications after PNF in literature

Author (year)	Study design <sup>a</sup>	No. of patients (finger rays)	Follow-up, mean (range)	Complications
Strömberg et al. (2016, 2018) <sup>1,2</sup>	RCT	60 (60)	2 years	Skin rupture (38% of the patients)
Skov et al. (2017) <sup>3</sup>	RCT	19 (19)	2 years	Wound complication (5% of the patients)
van Rijssen et al. (2006, 2012) <sup>4,5</sup>	RCT	52	5 years	Skin rupture (10% of the patients) Local discomfort (24% of the patients)
Scherman et al. (2016) <sup>6</sup>	RCT	38 (42)	1 year	Skin rupture (48% of the procedures) Paresthesia (7% of the procedures)
Molenkamp et al. (2017) <sup>7</sup>	R	451 (470)	Not available	Skin rupture (8% of the patients) Infection treated with drainage and oral antibiotics (2% of the patients) Sporadic pain or discomfort with activity at 1 year (10% of the patients)
Pess et al. (2012) <sup>8</sup>	R	431	3 years (3–6.2)	Permanent sensory loss (0.2% of the patients) Tendon rupture requiring surgery (0.2% of the patients) Temporary paresthesia (1.3% of the fingers) Superficial infection treated with antibiotics (1.1% of the procedures)
Foucher and Medina (2003) <sup>9</sup>	P	100	3.2 years	Skin tear (9.1% of the procedures) Nerve laceration (0.1% of the fingers) Temporary neuropraxia (1.2% of the patients)
Rahr et al. (2011) <sup>10</sup>	R	92 (130)	2 years	Skin tear (3.4% of the procedures) Permanent digital nerve damage (1% of the patients) Paresthesia (1.3% of the procedures) Tinel's sign (0.6% of the procedures)
Moog et al. (2019) <sup>11</sup>	R	53 (68)	31 months (12–50)	Superficial infection (1.1% of the patients) Temporary nerve symptoms (8.7% of the patients)
Abe and Tokunaga (2015) <sup>12</sup>	P	51 (103)	1 year	Transient dysesthesia (1.8%) Skin tear (3.8% of the procedures)
Zhou et al. (2016) <sup>13</sup>	R	78	10 weeks (6–12)	Nerve damage (2% of the patients) Temporary neuropraxia (11.8% of the patients) Skin tear (17.5% of the fingers)
Mansha et al. (2017) <sup>14</sup>	R	46 (51)	15 months (5–36)	Nerve laceration (1.3% of the patients) Uncorrectable contracture (1.3% of the patients) Neuropraxia (2.6% of the patients) Skin rupture (2.6% of the patients)
Pereira et al. (2012) <sup>15</sup>	R	36 (44)	28 months (12–63)	No complications
Nydick et al. (2013) <sup>16</sup>	R	30	6 months (3–28)	Skin rupture (16% of the finger rays) Transient paresthesia (9% of the finger rays)
Karakaplan et al. (2019) <sup>17</sup>	R	28 (75)	29 months (12–60)	Edema (17% of the patients) Ecchymosis (10% of the patients) Skin tear (50% of the patients)
Cheng et al. (2008) <sup>18</sup>	R	8 (13)	22 months (3–45)	Superficial infection treated with oral antibiotic (3.6% of the patients) Skin rupture treated with suture (25% of the patients) Skin rupture treated with skin graft (7% of the patients) Hypoesthesia in the ulnar digital nerve (3.6% of the patients) Skin tear (27% of the treated points)

<sup>a</sup> RCT = Randomized controlled trial, R = Retrospective, P = Prospective

## References to Table 6:

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