Hertfordshire and West Essex Integrated Care System

NHS
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Integrated Care Board

Evidence Based Intervention

Ganglion Excision

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Version:	v1.0
Approved By:	Strategic Finance and Commissioning Committee
Date of Approval:	9th January 2025
Date of Review:	January 2028 If the review date has exceeded, the published policy remains valid

Policy:

This is a national Evidence Based Intervention policy formally adopted by Hertfordshire and West Essex Integrated Care Board. Please see https://ebi.aomrc.org.uk/

Ganglia are cystic swellings containing jelly-like fluid which form around the wrists or in the hand. In most cases wrist ganglia cause only mild symptoms which do not restrict function, and many resolve without treatment within a year. Wrist ganglion rarely press on a nerve or other structure, causing pain and reduced hand function.

Ganglia in the palm of the hand (seed ganglia) can cause pain when carrying objects.

Ganglia which form just below the nail (mucous cysts) can deform the nail bed and discharge fluid, but occasionally become infected and can result in septic arthritis of the distal finger joint.

Recommendation:

Wrist ganglia,

- no treatment unless causing pain or tingling/numbness or concern (worried it is a cancer)
- aspiration if causing pain, tingling/numbness or concern.
- surgical excision only considered if aspiration fails to resolve the pain or tingling/numbness and there is restricted hand function

Seed ganglia that are painful,

- puncture/aspirate the ganglion using a hypodermic needle.
- surgical excision only considered if ganglion persists or recurs after puncture/aspiration.

Mucous cysts no surgery considered unless recurrent spontaneous discharge of fluid or significant nail deformity.

Rationale for Recommendation

Most wrist ganglia get better on their own. Surgery causes restricted wrist and hand function for 4-6 weeks, may leave an unsightly scar and be complicated by recurrent ganglion formation. Aspiration of wrist ganglia may relieve pain and restore hand function, and “cure” a minority (30%). Most ganglia reform after aspiration but they may then be painless. Aspiration also reassures the patient that the swelling is not a cancer but a benign cyst full of jelly.

Complication and recurrence are rare after aspiration and surgery for seed ganglia.

Patient Information

Information for Patients
Surgery to remove a ganglion should only be carried out when specific criteria are met. This is because the medical evidence tells us that the intervention can sometimes do more harm than good. There are alternative treatments and often no treatment is needed.

About the condition
A ganglion is a swelling filled with clear jelly that usually develops near a joint or tendon. Ganglia can occur alongside any joint in the body, but are most common on the wrist, hands and fingers. They can range from the size of a small seed to the size of a golf ball, and they feel like a smooth lump under the skin.

Ganglia at the wrist rarely cause significant symptoms but can be uncomfortable and sometimes painful. Ganglia in the palm of your hand may cause discomfort when carrying objects.

The clinician treating you may insert a hypodermic needle into the ganglion to establish that the lump is nothing more than a cyst full of jelly. Sometimes this procedure itself relieves the pain and gets rid of the ganglion, but many come back. If the ganglion does come back, it does not always need further treatment. If it causes sufficiently troublesome symptoms which interfere with hand function, then surgical removal may be considered.

It's important you and your doctor make a shared decision about what's best for you if your ganglion is becoming a problem. When deciding what's best you should both consider the benefits, the risks, the alternatives and what will happen if you do nothing.

What are the BENEFITS of the intervention?
Surgery can relieve pain and discomfort and improve hand function if needle aspiration has not been successful.

What are the RISKS?
The risks of surgery include pain, bleeding, infection, scarring and recurrence of the ganglion. It can take up to six weeks to recover and for your hand function to return fully

What are the ALTERNATIVES?
If the ganglion is not causing troublesome symptoms there is no need to do anything, and it may well resolve spontaneously in time.

What if you do NOTHING?
Doing nothing will not be harmful to your health and most ganglia go away in time without treatment. Most people are not bothered by ganglia and treatment should only be considered if there are significant symptoms or restrictions.

Further information can be found at https://ebi.aomrc.org.uk/interventions/ganglion-excision/ This weblink was correct as of 27/11/2024.

Coding

```
WHEN Primary_Spell_Procedure IN ('T591','T592','T601','T602')
AND ( Primary_Spell_Diagnosis like '%M674%'
OR Primary_Spell_Diagnosis like '%M255%')
AND Any_Spell_Diagnosis not like '%M258%'
-- Only Elective Activity
AND APCS.Admission_Method not like ('2%')
THEN 'O_ganglion'
```

Exclusions

```
WHERE 1=1
-- Cancer Diagnosis Exclusion
AND (Any_Spell_Diagnosis not like '%C[0-9][0-9]%'
AND Any_Spell_Diagnosis not like '%D0%'
AND Any_Spell_Diagnosis not like '%D3[789]%'
AND Any_Spell_Diagnosis not like '%D4[012345678]%'
OR Any_Spell_Diagnosis IS NULL)

-- Private Appointment Exclusion
AND apcs.Administrative_Category<>'02'
```

References

1. Head L, Gencarelli JR, Allen M, Boyd KU. Wrist ganglion treatment: Systematic review and meta-analysis. J Hand Surg Am. 2015, 40: 546-53
2. Naam NH, Carr SB, Massoud AH. Intraneural Ganglions of the Hand and J Hand Surg Am. 2015 Aug;40(8):1625-30. doi: 10.1016/j.jhsa.2015.05.025. PubMed PMID: 26213199.
3. BSSH (2016) Ganglion cysts.

Change History:

Version	Date	Reviewer(s)	Revision Description

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