

# Ganglion

Patient presents to primary care with ganglion

Important documents/Links  
Please see landing page

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## Assessment – History and Examination

Eligible for aspiration if significant symptoms:

- Pain AND/OR
- Numbness/tingling AND/OR
- Spontaneous discharge or fluid AND/OR
- Significant nail deformity AND/OR
- Functional impairment

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Red Flags

Investigation if diagnostic uncertainty

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Significant symptoms present

No significant symptoms

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## Aspiration

Ensure patient aware of likelihood of

- Spontaneous resolution
- Recurrence
- Complications

Successful Aspiration

Conservative management  
Reassurance, Safety net, PIL

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Unsuccessful aspiration or aspiration not suitable

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## Surgical Excision

Complete prior approval form if:

1. Aspiration fails to resolve pain or tingling/numbness, and there is restricted hand function OR
2. The ganglion persists or recurs after puncture/aspiration OR
3. There is recurrent spontaneous discharge of fluid or significant nail deformity AND
4. Patient is aware of surgical risks and complications

## **Assessment – More Information**

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.

History:

- Smooth round swelling under the skin
- Commonly occur at characteristic locations in hand and wrist near a joint or tendon (EG dorsum of wrist)
- Fluctuate and varies in size
- May or may not be painful in the region of the ganglion

Examination:

- Move freely under the skin
- Trans-illuminate when a pen-torch is pressed against it (cystic, not solid in nature)
- Examine range of movement and general hand function

Significant symptoms:

- Severe Pain
- Numbness/ tingling
- spontaneous discharge of fluid
- significant nail deformity
- Functional impairment interfering with activities of daily living



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## **Aspiration – More Information**

Most wrist ganglia resolve spontaneously. Recurrence is the most common complication after aspiration. Infection, bleeding, pain and scarring may occur.

Depending on anatomical position, nerve, tendon or vascular injury are possible. Joint stiffness and decreased range of motion may also occur.

## Surgery

Most wrist ganglia resolve spontaneously. Surgery may be considered in the following circumstances:

- Aspiration fails to resolve pain or tingling / numbness and there is restricted hand function
- Ganglion persists or recurs after puncture / aspiration
- There is recurrent spontaneous discharge of fluid or significant nail deformity

The risks of surgery include pain, bleeding, infection, stiffness, scarring and recurrence of the ganglion. Scarring may result in loss of movement or painful trapping of nerve branches in scar tissue. It can take up to six weeks to recover and for hand function to return fully.

Recurrence risk varies by ganglia type and individual circumstances. Recurrence approximations are:

Dorsal wrist ganglia – 10%

Palmar wrist ganglia – 30%

Seed ganglia – small recurrence risk

Mucous ganglia – 10%

Please note GPs will be required to seek prior approval for ganglion excision surgery before referring to secondary care.

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## Conservative management

Most people live comfortably with ganglia and they often resolve spontaneously over time. Ganglion excision can be unnecessary, can cause complications, and recurrence is common following surgery. The complications may be similar to or worse than the original problem. Ganglion excision should only be offered under the circumstances outlined in this pathway.

Options for primary care management:

- Explanation, reassurance and wait to see if the cyst disappears spontaneously
- Analgesia
- Simple splint immobilization
- Safety net advice
- Patient information leaflet – signpost to <https://patient.info/bones-joints-muscles/ganglion-leaflet>

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# Red Flags

Refer to A&E if the following if septic arthritis is suspected:

- Fever, swelling, redness, warmth
- Joints involved

Refer on 2ww pathway if malignant soft tissue tumours are suspected:

- Significant persistent pain that is not solely pressure related
- Rapidly growth over a short period of time
- Deep fixity to muscle or fascia
- Solid lesion on examination (should be considered malignant until proven otherwise)
- Prior malignancy (other than basal cell carcinoma)

# Investigations

According to the British Medical Ultrasound Society (BMUS) good practice guidelines, ultrasound evaluation of soft tissues should follow the guidelines below.

Investigation by ultrasonography should be used in the following circumstances:

- Soft tissue lump exceeding 5cm
- Examination findings equivocal
- Diagnosis is essential to management

Investigation by ultrasonography should **NOT** be used in the following circumstances:

- Less than 5cm, mobile, non-tender
- No recent increase in size or change in clinical features