

Ganglion

Definition and Scope

A ganglion is a benign fluid-filled cyst that forms around joints or tendons. It commonly affects joints in the wrist and hand, but can also occur anywhere else in the body. **This policy covers all types of primary and recurrent ganglions. It does not cover cases where there is diagnostic uncertainty.**

Policy

Referral for treatment should be through the MSK service/pathway.

It is the responsibility of referring and treating clinicians to ensure compliance with this policy. Referral proforma should be attached to the patient notes to aid the clinical audit process and provide evidence of compliance with the policy. For patients not meeting the policy criteria, clinicians can apply for funding to the Exceptional Cases Panel by completing the exceptional funding section of the [referral proforma](#).

The CCG will only fund surgery for ganglion meeting the following criteria:

1. Referral is **NOT** being made for cosmetic purposes.
2. Patients have **persistent symptoms that are not relieved by aspiration.**
3. Symptoms should include:
 - a. significant pain requiring regular analgesia; **OR**
 - b. severe functional impairment affecting activities of daily living; **OR**
 - c. significant skin breakdown; **OR**
 - d. tingling/numbness.

The CCG will only fund surgery for mucous cysts on the distal interphalangeal joint if there is recurrent spontaneous discharge of fluid or significant nail deformity.

Smoking

Patients who smoke should be advised to attempt to stop smoking and referred to stop-smoking services – see [stop smoking policy](#).

Rationale and Evidence

Studies¹⁻³ have shown that a high proportion of ganglion cysts resolve spontaneously (50-80% within a year). Aspiration of the ganglion often fails (~50% recurrence in studies of 1-6 years⁴). Surgery has the lowest recurrence rates, with estimated recurrence between 5% and 20% (arthroscopic and open surgery respectively) at 1-6 years⁴. Ganglion surgery may incur around 2 weeks postoperative recovery time off work⁵ and studies have shown that 70-80% of patients choose not to have a repeat procedure following failed surgery⁵. Due to the high rates of natural resolution, possible recurrence with treatment and recovery associated with surgery, surgery is restricted to patients with pain or risk of sepsis and is not funded for cosmetic reasons.

Estimated number of people affected

The incidence of ganglion cysts has been estimated at around 25/100,000 in males and 43/100,000 in females⁶ and this equates to ~288 per year in Cambridgeshire and Peterborough.

References

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2. Dias J J, Dhukaram V, Kumar P. The natural history of untreated dorsal wrist ganglia and patient reported outcome 6 years after intervention. *The Journal of hand surgery* 2007; 32(5):502-508.
3. Rosson J W, Walker G. The natural history of ganglia in children. *J Bone Joint Surg* 1989; 71-B:707-8.
4. Head L, Gencarelli J R, Allen M, Boyd K U. Wrist Ganglion Treatment: Systematic Review and Meta-Analysis. *J Hand Surg Am.* 2015; 40:546-553.
5. Gude W, Morelli V. Ganglion cysts of the wrist: pathophysiology, clinical picture, and management. *Curr Rev Musculoskelet Med* (2008) 1:205–211.
6. Meena S, Gupta A. Dorsal wrist ganglion: Current review of literature. *Journal of clinical orthopaedics and trauma* (2014) 5:59-64.
7. NHS England Evidence-Based Interventions Guidance for CCGs. Published 28 November 2018 and updated 11 January 2019. Version 2. <https://www.england.nhs.uk/wp-content/uploads/2018/11/evidence-based-interventions-guidance-v2.pdf>

Glossary

Aspiration:	Removal by suction, fluid or gas from a body cavity or the procurement of biopsy specimens.
Cyst:	An abnormal closed epithelium-lined (cellular layer) cavity in the body, containing liquid or semisolid material.
Distal interphalangeal joint:	Terminal joint of the finger (finger-tip end of the joint).
Sepsis:	Also referred to as blood poisoning or septicaemia, is a potentially life-threatening complication of an infection or injury.

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