

Procedure that requires prior approval

Thames Valley Priorities Committee Commissioning Policy Statement

Policy No. TVPC15

Ganglion cysts

Recommendation made by
the Priorities Committee:

March 2015; reviewed August 2018¹

Date of issue:

November 2015 / updated September 2018

Ganglion cysts are the commonest cause of discrete swellings around the wrist and can also present in ankles and feet.

Thames Valley Priorities Committee has reviewed the evidence for the clinical and cost effectiveness of interventions to treat ganglion cysts (hands and feet). The Committee has concluded that there is insufficient evidence for clinical or cost effectiveness or impact on health status for routine surgical treatment for ganglion and considers this as **intervention not normally funded**.

Around 50% of ganglion cysts will resolve spontaneously within 5-10 years of initial presentation. Aspiration and surgery (open or arthroscopic) will remove ganglion in the short term, however, recurrence rates are high.

Reassurance should be the first therapeutic intervention for most patients with ganglion cyst (and all children) because of the high rate of spontaneous resolution and because it avoids the potential complications of invasive therapy.

Guidance for considering applications for removal of ganglion cyst

Based on the high rate of spontaneous resolution, surgical intervention should be considered only if the patient presents with any of the following:

- Ganglion on wrist with evidence of neurovascular compromise or significant pain.
 - Seed ganglia at base of digits with significant pain and functional impairment.
 - Mucoïd cysts at DIP joint which has disrupted the nail growth and is causing functional impairment or pain, or there are cysts that tend to discharge.
- OR
- Ganglion of the foot with significant functional impairment.
 - The patient is unable to wear typical 'off the shelf' footwear
 - Reduced ability to walk.
 - Localised pressure effects including pain and/or increasing size.

Aspiration of the ganglion in primary care can be offered to patients as part of care and management.

¹ No updates have been made to this policy.

Ganglion ICD10 code:

M67.4 Ganglion (of joint or tendon (sheath))

Ganglion OPCS Procedures:

T59% Excision of ganglion

T60% Re-excision of ganglion

T61.1 Aspiration of ganglion

T61.3 Injection of ganglion

T61.8 Other specified operations on ganglion

T61.9 Unspecified operations on ganglion

NOTES:

- Potentially exceptional circumstances may be considered by a patient's CCG where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g., from NICE.
- Thames Valley clinical policies can be viewed at <http://www.fundingrequests.cscsu.nhs.uk/>