

**Procedure Not Routinely Funded
contact Bedfordshire MSK service (Circle Bedfordshire)**

NHS England Evidence Based Interventions (EBI) statement

Number	16
Subject	Treatment for a ganglion; ganglion excision
Date of decision	April 2012
Date review due	April 2015
Date of refresh	December 2019: NHSE EBI¹ statement added

GUIDANCE

Intervention

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

¹ <https://www.england.nhs.uk/evidence-based-interventions/ebi-programme-guidance/>

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

Rationale

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

Human Rights and Equalities Legislation has been considered in the formation of this policy

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 e8.
2. Naam NH, Carr SB, Massoud AH. Intra-neural Ganglions of the Hand and Wrist. J Hand Surg Am. 2015 Aug;40(8):1625-30. doi: 10.1016/j.jhsa.2015.05.025. PubMed PMID: 26213199.
3. http://www.bssh.ac.uk/_userfiles/pages/files/Patients/Conditions/Elective/ganglion_cyst_leaflet-2016.pdf