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## **LOW PRIORITY PROCEDURE: Policy T9**

### **Ganglion**

**Policy Author:** Ipswich and East & West Suffolk CCG

**Policy start date:** December 2006 (previously Policy T12)

**First revision date:** March 2009

**Second revision date:** January 2011 (minor amendments May 2011)

**Third revision date:** March 2014

**Fourth revision date:** August 2016 (no revisions deemed required)

**Review date:** August 2019

### **Policy Summary**

Common hand conditions should only be referred to secondary care and any subsequent treatment undertaken in accordance with the criteria listed below. It is the responsibility of all clinicians to ensure that only patients meeting the criteria defined in the policy are referred and or treated. In case of clinical uncertainty GPs can refer to secondary care for an expert opinion.

Ipswich and East Suffolk CCG and West Suffolk CCG will only fund treatment for ganglion when the following criteria are met.

**OPCS Codes:** T59.1 - 60.9

The ICD 10 code for Ganglion is M67.4, but there are no appropriate ICD 10 Codes for the clinical criteria.

### **Eligibility Criteria**

Ganglions are caused by cystic degeneration of a joint capsule or tendon sheath. Lesions at the base of the digits are often small but very tender (seed ganglion). Mucoïd cysts arise at the distal interphalangeal joint and may disturb nail growth. Ganglions arising at the level of the wrist are rarely painful and most will resolve spontaneously within 5 years. The recurrence rate after excision of wrist ganglia is between 10-45 %.

Conservative management is largely a matter of reassurance. Asymptomatic ganglia should not be referred to secondary care. When there is doubt aspiration will confirm diagnosis but only if a wide bore needle is used (minimum 16 gauge) as the contents are very viscous.

A referral to secondary care and subsequent treatment should only be undertaken when any the following criteria are met:

- Painful seed ganglia **OR**
- Mucoïd cysts that are disturbing nail growth or have a tendency to discharge (risk of septic arthritis in distal inter-phalangeal joint) **OR**
- Persistent and painful wrist ganglia

There is no indication for the routine excision of simple wrist ganglia and these should not be routinely referred.

### **Rationale for the policy**

Many hand conditions occur commonly, cause few serious symptoms and will generally resolve spontaneously. Given the potential complications of surgical procedures and the duty of the Clinical Commissioning Group to use its limited resources to provide the greatest benefit to the population, the above criteria for referral have been developed. These criteria are aimed at offering treatment to those who need it most and who are most likely to benefit from surgical treatment.

No new evidence was identified; therefore, this policy has not been revised.

### **References**

NICE have not currently issued guidance on this treatment.

Greater Manchester EUR Policy Statement

<http://northwestcsu.nhs.uk/BrickwallResource/GetResource/3d84b326-c78d-40d9-9764-5e16f9318f64>

Best Bets: Best Evidence Topics: Is surgery more effective than aspiration with or without steroid injection in the management of ganglion cysts? <http://www.bestbets.org/bets/bet.php?id=1945>

NHS choices <http://www.nhs.uk/conditions/Excisionofganglion/Pages/Introduction.aspx>

British Society for Surgery of the Hand (BSSH)

[http://www.bssh.ac.uk/patients/conditions/20/ganglion\\_cysts](http://www.bssh.ac.uk/patients/conditions/20/ganglion_cysts)