

Policy title	Ganglion excision v1.1
Policy position	Criteria Based Access
Date of CCG recommendation	December 2019

Ganglia are cystic swellings containing jelly-like fluid which form around the wrists or in the hand. 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 when the patient meets the following criteria:

Wrist ganglia

- No treatment is necessary unless causing pain or tingling/numbness or concern (worried it is a cancer).
- Aspiration if causing pain, tingling/numbness or concern.
- Surgical excision should only be 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 should only be considered if ganglion persists or recurs after puncture/aspiration.

Mucous cysts

- No surgery necessary unless recurrent spontaneous discharge of fluid or significant nail deformity.

Reference:

NHS England (2018) Evidence-Based Interventions: Guidance for CCGs

NOTE:

- This policy will be reviewed in the light of new evidence or new national guidance e.g. from NICE
- Where a patient does not meet the policy criteria or the intervention is not normally funded by the NHS, an application for clinical exceptionality can be considered via the ICB's Individual Funding Request (IFR) Policy and Process

Clinical coding:

T591,T592,T598,T599,T601,T602,T608,T609

Diagnosis M674

Key words: Ganglion, ganglia