

CLINICAL POLICY ADVISORY GROUP (CPAG)

Surgery for Ganglion Cysts Policy

Statement

Derby and Derbyshire ICB, in line with its principles for procedures of limited clinical value has deemed that Surgery for Ganglion Cysts should not routinely be commissioned unless the Ganglion Cysts are classified as **SEVERE**. The ICB will only fund treatment according to the three stages of severity described – only those ganglion cysts graded as severe should be referred for surgery as listed below:

Severity	Symptoms	Treatment
Mild	<ul style="list-style-type: none"> An asymptomatic lump 	<ul style="list-style-type: none"> No treatment beyond reassurance and observation
Moderate	Symptomatic lump with a long duration of symptoms <ul style="list-style-type: none"> Occult ganglion 	<ul style="list-style-type: none"> Reassurance and observation Refer to MSK-CATS (Musculoskeletal Clinical Assessment and Triage Service) Aspiration in primary care for reassurance
Severe	One of the following must apply <ul style="list-style-type: none"> Severe pain Restriction of activities of daily living Concern over the diagnosis 	<ul style="list-style-type: none"> Referral for surgical removal

These commissioning intentions will be reviewed periodically. This is to ensure affordability against other services commissioned by the ICB.

1. Background

Ganglion cysts are the commonest type of swelling in the hand and wrist. They contain a thick clear fluid and can arise a variety of structures but there are four common locations in the hand and wrist - in the middle of the back of the wrist (from the scapholunate ligament), on the front of the wrist at the base of the thumb (from the wrist joint), at the base of a finger on the palmar side (from the tendon sheath), and on the back of an end joint of a finger (from the end joint).

Most ganglion cysts arise spontaneously but occasionally there is a history of injury or the joint is starting to develop arthritis.

Ganglion cysts are harmless and can safely be left alone. Many disappear spontaneously and many others cause little trouble. The two treatment options for ganglion cysts are aspiration or surgery. Aspiration is the draining out of the fluid from the cysts with a needle and syringe.

2. Recommendation

The ICB will only fund treatment according to the three stages of severity described – only those ganglion cysts graded as severe should be referred for surgery

Severity	Symptoms	Treatment
Mild	An asymptomatic lump	<ul style="list-style-type: none">• No treatment beyond reassurance and observation
Moderate	Symptomatic lump with a long duration of symptoms <ul style="list-style-type: none">• Occult ganglion	<ul style="list-style-type: none">• Reassurance and observation• Refer to MSK-CATS (Musculoskeletal Clinical Assessment and Triage Service)• Aspiration in primary care for reassurance
Severe	One of the following must apply <ul style="list-style-type: none">• Severe pain• Restriction of activities of daily living• Concern over the diagnosis	<ul style="list-style-type: none">• Referral for surgical removal

Examples for information:

The condition described below would be regarded as severe in this respect.

- Ganglion on wrist with evidence of neurovascular compromise or significant pain
- Seed ganglia at base of digits with significant pain
- Mucoid cysts at the distal interphalangeal joint which has disrupted the nail growth or there are cysts that tend to discharge Ganglia on foot and ankles with evidence of neurovascular compromise or significant pain or causing difficulties with footwear or mobility

3. Rationale for Recommendation

Ganglia often spontaneously resolve and only rarely cause functional problems with most people living comfortably with them. There is no current NICE guidance on their treatment. NHS EBI advises that ganglion excision can be unnecessary, can cause complications, and recurrence is common following surgery. Evidence suggests that recurrence of ganglion cysts after surgical excision has a reported rate of 4% to 40%. There are no long term consequences from leaving the ganglion untreated. For ganglion cysts in general, the possibilities for treatment are dependent on their severity:

1. Reassurance and Observation
2. Aspiration
3. Surgery

For any individual cyst, the recommendations for treatment will depend on the location of the cyst and on the symptoms that it is causing.

4. Useful Resources

- NHS Website. Ganglion Cysts. [Accessed March 2024] <https://www.nhs.uk/conditions/ganglion/>
- The British Society for the Surgery of the Hand. Ganglion Cysts. [Accessed March 2024] https://www.bssh.ac.uk/patients/conditions/20/ganglion_cysts

5. References

- Graham, J. G., McAlpine, L., Medina, J., Jawahier, P. A., Beredjikian, P. K., & Rivlin, M. (2021). Recurrence of Ganglion Cysts Following Re-excision. *The archives of bone and joint surgery*, 9(4), 387–390. <https://doi.org/10.22038/abjs.2020.34661.1958> [Accessed March 2024]
- Suen, M., Fung, B., & Lung, C. P. (2013). Treatment of ganglion cysts. *ISRN orthopedics*, 2013, 940615. <https://doi.org/10.1155/2013/940615> [Accessed March 2024]
- Evidence-Based Interventions: Guidance for CCGs (2019) https://ebi.aomrc.org.uk/wp-content/uploads/2024/01/EBI_list_1_Statutory_Guidance_no_coding_0923.pdf
- BMJ Best Practice Guidance: Ganglion Cyst <https://bestpractice.bmj.com/topics/en-gb/984>
- Birmingham and Solihull CCG. Policy for Ganglion. https://www.birminghamsolihull.icb.nhs.uk/application/files/4516/4881/1402/Policy_for_ganglion.pdf
- Nottinghamshire CCGs. Restricted Policy. <https://notts.icb.nhs.uk/about-us/our-policies-and-procedures/>
- South Yorkshire and Bassetlaw ICS <https://southyorkshire.icb.nhs.uk/our-information/policies-and-procedures>

6. Appendices

Appendix 1 - Consultation

All relevant providers/stakeholders will be consulted via a named link consultant/specialist. Views expressed should be representative of the provider/stakeholder organisation. CPAG will consider all views to inform a consensus decision, noting that sometimes individual views and opinions will differ.

Consultee	Date
Consultant (UHDBFT)	November 2021
Clinical Policy Advisory Group (CPAG)	November 2021
Clinical and Lay Commissioning Committee (CLCC)	December 2021
Consultant Upper Limb and Hand Surgeon (UHDBFT)	May 2024
Clinical Policy Advisory Group (CPAG)	May 2024

Appendix 2 - Document Update

Document Update	Date Updated
<u>Version 4.0</u> <ul style="list-style-type: none">Policy has been re-worded and reformatted to reflect the DDCCG clinical policies format. This includes the addition of background information, useful resources, references and consultation	October 2021
<u>Version 4.1</u> <ul style="list-style-type: none">CPAG agreed to extend the review date of this policy by 12 months, in agreement with clinical stakeholders, due to reduced capacity within the Clinical Policies team	May 2024
<u>Version 4.2</u> <ul style="list-style-type: none">In line with risk profile, CPAG agreed further extension to review date	September 2024