Treatment for ganglion cyst

NHS Devon

Commissioning policy

Wrist ganglia

- Treatment for a ganglion cyst will be routinely commissioned only if it is causing pain, tingling or numbness
- Initial treatment is by aspiration
- Surgical excision of a ganglion cyst will be routinely commissioned only if aspiration fails to resolve the tingling, numbness or significant pain and there is significant functional impairment*

Seed ganglia

- Treatment for seed ganglia will be routinely commissioned only if they are painful
- Initial treatment is to puncture/aspirate the ganglion
- Surgical excision will be routinely commissioned only if a ganglion persists or recurs after puncture/aspiration

Mucoid (myxoid) cysts at distal interphalangeal joint (DIP)

- Surgery will be routinely commissioned only if a mucoid (myxoid) cyst is causing significant functional impairment* or pain, or there are cysts that discharge

Lower limb ganglion cyst

- Surgery will be routinely commissioned only if a ganglion cyst is causing significant pain or significant functional impairment*

*Significant functional impairment is defined as a loss or absence of an individual's capacity to meet personal, social or occupational demands.

Rationale for the decision

A ganglion cyst arises when the synovial fluid leaks out of a joint or tendon tunnel and forms a swelling beneath the skin. The cause of the leak is generally unknown. Ganglion cysts occur most frequently on the hand or wrist. Ganglion cysts may also occur on the knee, ankle or foot but these cases are comparatively rare.

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.

Complication and recurrence are rare after aspiration and surgery for seed ganglia.

Limited information is available for the outcome of surgery in patients with ganglion cysts of the lower limbs. Lower recurrence rates were reported during long-term follow-up of patients with ganglion cysts of the lower limb compared with the figures reported for ganglia of the wrist but there are fewer studies of lower limb ganglion cyst and these studies have small numbers of patients.

This policy has been reached after considering guidance for ganglion excision surgery published by NHS England in November 2018. It is considered that the decision whether to aspirate or not should be at the discretion of the GP before referral to secondary care and that mucoid cysts affecting the nail bed but which are not discharging, or causing significant functional impairment or pain are not a priority for the use of healthcare funds in Devon.

Guidance notes on exceptionality

Where the circumstances of treatment for an individual patient do not meet the criteria described above exceptional funding can be sought. Individual cases will be reviewed by the appropriate panel of the ICB upon receipt of a completed application from the patient’s GP, consultant or clinician. Applications cannot be considered from patients personally.

Date of publication:	Version:
14.10.2019	Policy agreed by NHS Devon CCG Policy adopted by NHS Devon ICB on 01.07.2022