

Policy statement:	Ganglion/Muroid cysts
Status:	Individual Prior Approval

M&SECCGs commission surgical removal of ganglion/muroid cysts on a restricted basis.

A ganglion is a non-cancerous fluid-filled lump which can occur near joints or tendons. Ganglion cysts are the commonest cause of discrete swelling around the wrist. The cyst can range from the size of a pea to the size of a golf ball. Ganglions can occur alongside any joint in the body, but are most common on the wrist (particularly the back of the wrist), and the hand and fingers. Ganglions can also be present on the ankles and feet.

This policy applies to ganglion in all locations.

Ganglions are harmless, but can sometimes be painful. If they do not cause any pain or discomfort, they can be left alone and may disappear without treatment, although this can take a number of years. There are no long term consequences from leaving the ganglion untreated.

Reassurance should be the first therapeutic for most patients with ganglion cyst (and all children) because of the high rate of spontaneous resolution and because it avoids the potential complications of invasive therapy.

The two main treatment options for a ganglion cyst are:

- Draining fluid out of the cyst with a needle and syringe – the medical term for this is aspiration
- Cutting the cyst out using surgery.

Aspiration or surgery will remove the ganglion in the short term, however recurrence rates are high.

There is no indication for the routine excision of simple or asymptomatic ganglia; these should not be referred.

Surgical removal of ganglion will only be funded when they meet the criteria specified below:

- Seed ganglia at base of digits with significant pain and functional impairment which persist or recur after puncture/aspiration

OR

- Muroid cysts that are causing significant nail deformity or have recurrent spontaneous discharge (risk of septic arthritis in distal inter-phalangeal joint)

OR

- Surgery for ganglion of the wrist where:

- there are symptoms associated with the ganglia such as pain, loss of sensation in certain parts of the hand, neurological loss or weakness of the wrist with the ganglion, and where the ganglion has resulted in functional impairment which prevents the individual from fulfilling activities of daily living, but has not responded to all appropriate conservative¹ treatments over a minimum period of 3 months

OR

- The patient is unable to wear typical 'off the shelf' footwear due to the size and location of ganglion.

OR

- Ganglion of the foot with significant functional impairment.

OR

- Surgery for ganglia will be funded where painful lump causing significant pain and is restricting activities of daily living and/or work

¹Conservative treatments include:

- Reassurance-35-45% of wrist ganglia resolve with no treatment at all.
- Aspiration – There is a significant recurrence rate after a single aspiration (using wide bore needle) but after 3 serial aspirations the recurrence rate is only 12-15% which is comparable with surgery

For audit purposes, the referral letter and hospital records should include detail on:

- Precise location of ganglion e.g. flexor tendon
- Size in cm/inches (length and width)
- How function of the area is impaired? i.e. what is the patient unable to do as a result of the ganglion?
- Degree of pain
- How long it has existed plus dates of 3 serial aspirations

Funding for patients not meeting the above criteria will only be granted in clinically exceptional circumstances.

Further information on applying for funding in exceptional clinical circumstances can be found on the CCGs' website.