

Ganglion/Muroid cysts

BEFORE providing patient identifiable data on this form, please confirm that the patient (or in the case of a minor or vulnerable adult with the parent/legal guardian/carer) has given appropriate **EXPLICIT CONSENT** for sensitive and personal information on this form to be passed to the Funding Team/CCG/CSU for processing.

Consent given: Yes

Please ensure a secure NHSmail email account (nhs.net) is used to submit this form.

Patient First name		Patient Surname		Hospital	
NHS No.		Date of Birth		Consultant	
GP F-code		CCG		UBRN	
Hospital No.		Referrer			

Additional information

Please submit completed form to the following email address:

bbccg.mseccg-funding@nhs.net

A decision will be made and the form returned within **3 working days** where all relevant information is provided.

N.B: Please ensure forms are clear and legible. Illegible forms will be returned to sender.

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.

Please refer to page 76 of the Mid & South Essex STP Service Restriction Policy for further details.

Please tick which hand/foot requires procedure:

(Please complete separate forms for bilateral requests)

Left

Right

Surgical removal of ganglion will only be funded when they meet <u>ONE</u> of the criteria below:		Please tick ✓
	<ul style="list-style-type: none"> Seed ganglia at base of digits with significant pain and functional impairment which persist or recur after puncture/aspiration 	
<u>OR</u>	<ul style="list-style-type: none"> Mucoid cysts that are causing significant nail deformity or have recurrent spontaneous discharge (risk of septic arthritis in distal inter-phalangeal joint) 	
<u>OR</u>	<ul style="list-style-type: none"> Surgery for ganglion of the wrist where: <ul style="list-style-type: none"> ➤ 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 	
<u>OR</u>	<ul style="list-style-type: none"> The patient is unable to wear typical 'off the shelf' footwear due to the size and location of ganglion. 	
<u>OR</u>	<ul style="list-style-type: none"> Ganglion of the foot with significant functional impairment 	
	<ul style="list-style-type: none"> Surgery for ganglia will be funded where painful lump causing significant pain and is restricting activities of daily living and/or work 	
<p>Conservative treatments include:</p> <ul style="list-style-type: none"> 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 <p>For audit purposes, the referral letter and hospital records should include detail on:</p> <ul style="list-style-type: none"> 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 		

Please supply information clearly evidencing the selected criteria above:



CCG USE:	Invoice ref:	Prior Authorisation requested by:	
Is the procedure approved or declined? <small>Please indicate:</small>		Name of Clinician	
Name		Contact number	
Signature		Date	
Date			