

Humber Coast and Vale

Ganglion Commissioning Policy

Intervention	Ganglion Surgery for the removal of ganglia
OPCS codes	<p>T59 Excision of ganglion T591 Excision of ganglion of wrist T592 Excision of ganglion of hand NEC T593 Excision of ganglion of knee T594 Excision of ganglion of foot T598 Other specified excision of ganglion T599 Unspecified excision of ganglion</p> <p>T60 Re-excision of ganglion T601 Re-excision of ganglion of wrist T602 Re-excision of ganglion of hand NEC T603 Re-excision of ganglion of knee T604 Re-excision of ganglion of foot T608 Other specified re-excision of ganglion T609 Unspecified re-excision of ganglion</p> <p>T61 Other operations on ganglion T611 Aspiration of ganglion T612 Biopsy of ganglion T613 Injection of ganglion T618 Other specified other operations on ganglion T619 Unspecified other operations on ganglion</p>
For the treatment of:	Ganglia
Commissioning position	<p>Humber Coast and Vale CCGs do not routinely commission surgical removal of ganglia. If there is doubt of diagnosis, patients should be referred via the 2 Week Wait route.</p> <ul style="list-style-type: none"> • The CCG does commission the routine aspiration of ganglions in primary care within the local enhanced service contract. <p>Funding for treatment in secondary care will only be considered on the grounds of clinical exceptionality if these minimum criteria are met:</p> <ul style="list-style-type: none"> • The ganglion is causing significant functional impairment • The patient is experiencing considerable pain as a result of the ganglion's size or position despite the use of analgesics (e.g. inability to fit shoes or walk) • Conservative measures such as aspiration and bandaging have been attempted at least twice. Ganglia on the feet may need podiatry input.
Summary of evidence / rationale	<p>Most ganglia are symptom free, but some give pain, weakness, mobility disorders or pressure neuropathy. Many disappear spontaneously and many others cause little trouble.</p> <p>For ganglion cysts in general, the possibilities for treatment are:</p> <ul style="list-style-type: none"> • Explanation, reassurance, wait to see if the cyst disappears spontaneously • Removal of the liquid contents of the cyst with a needle (aspiration) under local anaesthetic • Surgical removal of the cyst <p>The Trent regional audit (which reviewed the progress of 729 ganglions up to 10 years from attendance) indicated that 33% of dorsal ganglions and 45% of volar-wrist ganglia would resolve spontaneously in six years¹. The recurrence rate after excision of wrist ganglia is between 10- 45%.</p>

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	For any individual cyst, the recommendations for treatment will depend on the location of the cyst and on the symptoms that it is causing. Many occur in young adults and often disappear spontaneously. Problems after surgery include persistent pain, loss of wrist movement and trapping of nerve branches in the scar. For these reasons, many surgeons advise against operation for these cysts.
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References:

1. FD Burke et al. Primary care referral protocol for wrist ganglia. Postgrad Med J 2003;79:329-331.
2. BSSH Evidence for Surgical Treatment 1 – Wrist Ganglion updated September 2012
3. Health Technology Assessment Database 2012 Issue 1. Rapid Review, Clinical treatments for wrist ganglia. Report No. 63. Stepney: Australian Safety and Efficacy Register of New Interventional Procedures, Surgical (ASERNIP-S), 2008:41.
4. R Soobrah. Is surgery more effective than aspiration with or without steroid injection in the management of ganglion cysts? Best Evidence Topics. 2010