NHS
Greater Manchester

Surgical Removal of Ganglion Cyst Commissioning Statement

(version 4.3)

Criteria

1. This Commissioning statement applies to patients aged 18 and over, so under 18s should be referred as clinically appropriate.

2. Ganglia of all types do not need routine referral to secondary care. As most ganglions will resolve spontaneously, and as a high proportion will recur after surgery, the routine treatment for all should be reassurance and observation, with aspiration in primary care for reassurance.

3. For ganglion of the flexor tendon sheaths where grip is affected, and if there is a reluctance to undergo surgery, then needle puncture of the 'sheath' can be considered (where suitable facilities are available) as less than half recur after this.

4. Refer for ultrasound / MRI if there are concerns about the diagnosis.

5. Surgery is commissioned for ganglion of the flexor tendon sheaths where grip is affected. NOTE: Needle puncture of the 'sheath' should be considered first (where suitable facilities are available) as less than half recur after this.

6. Surgery is commissioned for volar / dorsal ganglia that are painful or affecting sensation in the hand where aspiration and other conservative measures have not worked.

7. Surgery is commissioned for multilocular ganglions of the foot preventing patients wearing normal footwear and where aspiration and other conservative measures cannot be used.

8. Surgery is commissioned for mucous cysts where there is recurrent spontaneous discharge of fluid or there is significant deformity of the nail as a result of the ganglion.

Clinicians can submit an Individual Funding Request also known as an IFR outside of this guidance if they feel there is a good case for clinical exceptionality.

4th Floor, Piccadilly Place, Manchester M1 3BN
Tel: 0161 742 6023 **www.**gmintegratedcare.org.uk