

Ganglion Surgery Commissioning Statement

Commissioning Statement: 19

Treatment	Ganglion Surgery
For the treatment of	The removal of ganglia
Background	Ganglia are benign fluid filled, firm and rubbery lumps attached to the adjacent underlying joint capsule, ligament, tendon or tendon sheath. They occur most commonly around the wrist, but also around fingers, ankles and the top of the foot.
Commissioning position	<p>NHS Vale of York CCG does not routinely commission surgical removal of ganglia and surgical excision will not be commissioned for cosmetic reasons.</p> <p>GPs must obtain prior approval from the IFR Panel before referring to secondary care. The CCG does commission the routine aspiration of ganglions in primary care within the local enhanced service contract.</p> <p>Funding will only be considered on the grounds of clinical exceptionality if they meet the threshold below:</p> <ul style="list-style-type: none"> • There is doubt about the diagnosis (if there is any concern about possible malignancy, patients should be referred via the 2 week wait route) OR • The ganglion is causing significant functional impairment AND/OR • 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) AND • Conservative measures such as aspiration and bandaging have been attempted at least twice. Ganglia on the feet may need podiatry input <p>Referral for soft tissue ultrasound can be made where there is diagnostic uncertainty. Where access to soft tissue ultrasound is not available, referral for a surgical opinion can be made to provide diagnostic support. However, in these situations, even where a diagnosis of ganglion is made clinically, excision will not be funded unless deemed an exceptional clinical circumstance by the Individual Funding Request Panel.</p> <p>The clinician needs to submit an application to the CCG's IFR panel. The following information with examples of significant functional impairment should be provided:</p> <ul style="list-style-type: none"> • Precise location of ganglion e.g. flexor tendon • Size in cm/inches (length and width) • How is functioning of the area impaired? (What is the patient unable to do?) • Impact on quality of life e.g. is the patient unable to fulfill any essential activities such as cooking, dressing, washing etc.? • Degree of pain • How long it has existed and treatments tried to date
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 anesthetic • 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 years (1). The recurrence rate after excision of wrist ganglia is between 10- 45%.</p> <p>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.</p>
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Useful website: <http://www.nlm.nih.gov/medlineplus/tutorials/ganglioncysts/op089106.pdf>