

# Ganglion Treatment (Hand and Wrist)

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## VERSION CONTROL

<b>Version:</b>	3.0
<b>Ratified by:</b>	Governing Body Meetings in Common
<b>Date ratified:</b>	20 March 2019
<b>Name of originator/author:</b>	Joint CCG Clinical Commissioning Policy Development Group
<b>Name of responsible committees:</b>	Clinical Quality and Governance Committee
<b>Date issued:</b>	1 April 2019
<b>Review date:</b>	March 2022

## VERSION HISTORY

<b>Date</b>	<b>Version</b>	<b>Comment / Update</b>
December 2015	1.0	
July 2016	2.0	Approved at Governing Body
March 2019	3.0	Approved at Governing Body meetings in common

**Commissioning policy: Coventry and Rugby CCG (CRCCG)**

**Evidence-Based Intervention Commissioning policy:**

**Ganglion treatment (hand and wrist)**

<b>Treatment</b>	Ganglion treatment (hand/wrist)
<b>Indication</b>	Wrist or hand ganglion
<b>Treatment:</b>	<ul style="list-style-type: none"> <li>• <b>NO</b> treatment unless causing pain or tingling/numbness or concern re diagnosis (worried it is a cancer);</li> <li>• Aspiration if causing pain, tingling/numbness or concern re diagnosis</li> <li>• Surgical excision <b>ONLY</b> considered if aspiration fails to resolve the pain or tingling/numbness and there is restricted hand function.</li> </ul> <p>Seed ganglia that are painful</p> <ul style="list-style-type: none"> <li>• Puncture/aspirate the ganglion using a hypodermic needle</li> <li>• Surgical excision <b>ONLY</b> considered if ganglion persists or recurs after puncture/aspiration.</li> </ul> <p>Mucous cysts</p> <ul style="list-style-type: none"> <li>• <b>NO</b> surgery considered unless recurrent spontaneous discharge of fluid or significant nail deformity.</li> </ul> <p><b>Prior approval from the Clinical Commissioning Group will be required before any treatment proceeds in secondary care.</b></p>
<b>Diagnostic and Procedure Codes</b>	T591, T592, T601, T602
<b>Equality Impact</b>	See NHS England Equality and Health Inequalities – Full Analysis Form