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*Extract from the below named document for ICS Implementation purposes;* [Microsoft Word - EBI consultation response statutory guidance 11 Jan 2019 FINAL v2.0 CLEAN + cover sheet.docx (aomrc.org.uk)](https://www.aomrc.org.uk/ebi/wp-content/uploads/2021/05/ebi-statutory-guidance.pdf)

Ganglion excision

Updated description of the intervention

Most people live comfortably with ganglia and they often resolve spontaneously over time. Ganglion excision can be unnecessary, can cause complications, and recurrence is common following surgery. The complications may be similar to or worse than the original problem. Ganglion excision should only be offered under the criteria outlined below.

Updated clinical criteria

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| Summary of intervention |
| Ganglia are cystic swellings containing jelly-like fluid which form around the wrists or in the hand. In most cases wrist ganglia cause only mild symptoms which do not restrict function, and many resolve without treatment within a year. Wrist ganglion rarely press on a nerve or other structure, causing pain and reduced hand function.  Ganglia in the palm of the hand (seed ganglia) can cause pain when carrying objects.  Ganglia which form just below the nail (mucous cysts) can deform the nail bed and discharge fluid, but occasionally become infected and can result in septic arthritis of the distal finger joint. |
| Number of CCG interventions in 2017/18 |
| 6,219 |
| Recommendation |
| Wrist ganglia  no treatment unless causing pain or tingling/numbness or concern (worried it is a cancer);  aspiration if causing pain, tingling/numbness or concern surgical excision only considered if aspiration fails to resolve the pain or tingling/numbness and there is restricted hand function.  Seed ganglia that are painful  puncture/aspirate the ganglion using a hypodermic needle surgical excision only considered if ganglion persists or recurs after puncture/aspiration.  Mucous cysts  no surgery considered unless recurrent spontaneous discharge of fluid or significant nail deformity. |
| Rationale for recommendation |
| Most wrist ganglia get better on their own. Surgery causes restricted wrist and hand function for 4-6 weeks, may leave an unsightly scar and be complicated by recurrent ganglion formation. Aspiration of wrist ganglia may relieve pain and restore hand function, and “cure” a minority (30%). Most ganglia reform after aspiration but they may then be painless. Aspiration also reassures the patient that the swelling is not a cancer but a benign cyst full of jelly.  Complication and recurrence are rare after aspiration and surgery for seed ganglia |
| Reference |
| Head L, Gencarelli JR, Allen M, Boyd KU. Wrist ganglion treatment: Systematic review and meta-analysis. J Hand Surg Am. 2015, 40: 546-53 e8.  Naam NH, Carr SB, Massoud AH. Intraneural Ganglions of the Hand and Wrist. J Hand Surg Am. 2015 Aug;40(8):1625-30. doi: 10.1016/j.jhsa.2015.05.025. PubMed PMID: 26213199.  <http://www.bssh.ac.uk/_userfiles/pages/files/Patients/Conditions/Elective/ga> nglion\_cyst\_leaflet-2016.pdf |

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