

Commissioning Policy

Ganglia – surgical removal from all body parts

Criteria Based Access (CBA)

Date adopted: October 2015

Version: 7

Authorisation and document control

Name of policy:	Ganglia – surgical removal from all body parts
Job title of author:	Senior Commissioning Programme Manager
Name of sign off group:	Commissioning Policy Review Group

Equality and Engagement Impact Assessment	
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Consultation	
Name of group	Date considered
MSK CPG clinical leads	May 2024

Authorisation	
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Commissioning Policy Review Group	June 2024
System Quality Committee	

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Review date	June 2027
To be reviewed by (job title)	Senior Commissioning Programme Manager

Version control				
Version number	Date	Summary of changes	Author/Editor	Approved by
1	12.10.2015			ECCP Group
2	15.03.2018	Policy review date changed to March 2020		ECCP Group
3	13.08.2018	Wording changed to read 'Surgical removal of ganglion to all body parts' from 'wrist & hand'		ECCP Group

4	11.06.2020	Policy category changed from CBA/PA to CBA as from 1.7.20. Review date changed to June 2021		ECCP Group
5	03.09.2020	Policy criteria reworded to reflect the national Evidence Based Interventions statutory guidance on ganglia surgery. Rationale wording altered to reflect the wording in the national EBI guidance. Evidence based changed to reference the EBI guidance.		ECCP Group
6	10.06.2021	Review date changed to June 2024		ECCP Group
7	20/05/2024	Policy moved to new ICB policy template, no change to criteria. Review date agreed as June 2027. EBI link updated.	Senior Programme Manager/ Editor	CPRG

1.0 Background

Gloucestershire ICB has adopted the guidance on the treatment of ganglia set out in the national Evidence Based Interventions guidance (published November 2018).

Most ganglia get better on their own. Surgery causes restricted function for 4-6 weeks, may leave an unsightly scar and be complicated by recurrent ganglion formation. Aspiration of ganglia may relieve pain and restore 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.

2.0 Policy statement

Gloucestershire ICB will fund surgical removal of ganglia where the following criteria are met:

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 significant functional impairment.

Seed Ganglia

- No treatment unless they are causing pain.
- Puncture/aspirate the ganglion using a hypodermic needle if causing pain.
- Surgical excision only considered if ganglion persists or recurs after puncture/aspiration.

Mucous cysts (myxoid cysts)

- Surgery only considered where there is recurrent spontaneous discharge of fluid **or** significant nail deformity.

Ganglia on body parts such as the foot or ankle will be considered against the same criteria as wrist ganglia.

3.0 Patients who are not eligible for treatment under this policy

Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy.

Individual cases will be reviewed at the ICB's Individual Funding Request Panel upon receipt of a completed application form from the patient's GP, Consultant or Clinician. Applications cannot be considered from patients personally.

4.0 Connected policies

None.

5.0 References

NHS England, *Evidence Based Interventions Consultation document Guidance 2018*) [NHS England](#)