

Ganglion Treatment (Hand and Wrist)

VERSION CONTROL

Version:	4.0
Ratified by:	Governing Body Meetings in Common
Date ratified:	20 March 2019
Name of originator/author:	Joint CCG Clinical Commissioning Policy Development Group
Name of responsible committees:	Clinical Quality and Governance Committee
Date issued:	1 April 2019
Review date:	March 2022

VERSION HISTORY

Date	Version	Comment / Update
April 2009	1.0	Previous PCT policy
June 2013	2.0	Version to Governing Body – approved on 12 June 2013
September 2016	3.0	Approved at Governing Body
March 2019	4.0	Approved at Governing Body meetings in common

Commissioning policy: Warwickshire North CCG (WNCCG)

Evidence-Based Intervention Commissioning policy:

Ganglion treatment (hand and wrist)

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