



Ganglion cysts treatment options

You have been diagnosed with a ganglion cyst. This leaflet explains what the condition is and outlines treatment options.

What is a ganglion cyst?

Ganglion cysts or ganglions are smooth lumps commonly found around the wrist and hand, containing a clear, thick fluid. They are caused by a leakage of synovial fluid from the joint or tendon lining. Synovial fluid is the thick liquid that lubricates your joints and keeps them moving smoothly.

The four most common locations of ganglions are in the middle of the back of the wrist, on the front of the wrist at the base of the thumb (from the wrist joint), at the base of a finger on the palm side (from the tendon sheath) and on the back of a top joint of a finger (the joint nearest the fingernail). Ganglions are benign (non-cancerous) and do not spread. Sometimes, they cause mechanical symptoms such as tingling, numbness or weakness or may be painful if they are close to a nerve.

How are ganglions diagnosed?

Often the diagnosis is clear on examination of the hand. X-rays are sometimes helpful to look for associated arthritis of underlying joints. An ultrasound scan or MRI scan can be helpful to confirm the diagnosis.

What are the treatment options?

Most ganglions are harmless and can safely be left alone. Many disappear spontaneously and many cause no symptoms. There are no long term consequences from leaving the ganglion untreated. Therefore, the treatment possibilities are:

1. Explanation, reassurance and wait to see if the cyst disappears spontaneously
2. Removal of the liquid contents of the cyst with a needle (aspiration) under local anaesthetic
3. Surgical removal of the cyst

The recommended treatment will depend on the location of the cyst and how badly the symptoms are affecting your everyday activities.

Dorsal (back of the) wrist ganglion

These typically occur on the back of the wrist in younger adults and disappear spontaneously, usually within two years. Needle aspiration can reduce the swelling but they usually return. The risk of recurrence after surgery is around 10% (1 in 10 cases) and possible problems following surgery include persistent pain, loss of wrist movement and painful trapping of nerve branches within the scar.



A dorsal wrist ganglion

Compassionate

Aspirational

Resourceful

Excellent

Surgery for this type of ganglion is rarely recommended because of poor satisfaction rates.

Volar (palm side of the) wrist ganglion

These may occur in young adults but are also seen in association with wrist arthritis in older patients. Aspiration of the synovial fluid may be useful but care is needed as the cyst is often close to the artery at the wrist (where you can feel the pulse). The risk of recurrence after surgery is around 30% (3 in 10 cases), and problems after surgery include persistent pain, loss of wrist movement and trapping of nerve branches within the scar. For these reasons, many surgeons advise against an operation for these cysts.



A volar wrist ganglion

Flexor tendon sheath ganglion

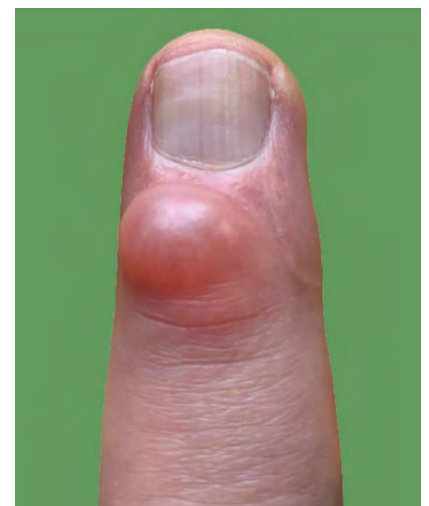
Also called seed ganglions, these typically occur in young adults, causing pain when gripping and may feel like a dried pea sitting on the tendon sheath at the base of the finger. Sometimes, puncture of the cyst with a fine needle can disperse it and fewer than half return. Persistent cysts can be removed surgically and the risk of recurrence is small.



A flexor tendon sheath ganglion

Dorsal digital ganglion

These often occur in middle-aged or older people and are associated with early osteoarthritis of the end joint of a finger. Pressure from the cyst may cause a groove in the fingernail. Occasionally, the cyst fluid leaks through the thin overlying skin. For people experiencing severe symptoms, surgery may be recommended. This uses a flap of adjacent skin to fill in the space created by removal of the cyst. The risk of the ganglion recurring after surgery is around 10% (1 in 10 cases) and possible problems following surgery include infection, stiffness and pain from the arthritic joint.



A dorsal ganglion

What does surgery involve?

If an operation is recommended, this will be done as a day case procedure. Wrist ganglion surgery is usually done under general anaesthetic (you are asleep) or a regional anaesthetic (your whole arm is numbed with anaesthetic injections but you remain awake). This is because the ganglion has a stalk (or root) into the joint, which may be painful to remove under local anaesthetic alone. A local anaesthetic may be used to remove a ganglion cyst around the finger. Your surgeon will usually use dissolvable stitches to close the wound so there are no stitches to be removed. You must keep the wound dry for 10-14 days to allow the wound to heal adequately to prevent infection. Simple painkillers (e.g. paracetamol and ibuprofen) are frequently needed, and your surgeon may also prescribe stronger pain relief for a few days (e.g. codeine phosphate).

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Possible complications following surgery

In rare circumstances, the wound can become infected. The symptoms of infection are a lot of discharge (pus), pain, redness around the wound and loss of hand function. If you have any of these symptoms, go to your nearest emergency department (A&E) to seek urgent treatment. It is also possible to have further leakage of synovial fluid, causing the ganglion to come back or a similar problem to occur in a different area of the hand. Any ongoing pain usually indicates that the ganglion was not the source of the pain. You may notice your grip strength is reduced and occasionally, persistent joint stiffness may occur. Scar tenderness is common, although this normally gets better around six weeks after surgery. Massaging the scar (with or without moisturiser) can help with this.

When can I return to work?

This depends on the work that you do. For office work, it is when you are comfortable enough. More manual jobs may require a few weeks for the pain and swelling to settle.

When can I drive?

You must be safe and in control of the vehicle. You can discuss this with your doctor or physiotherapist if you are unsure. The law is very clear that you have to be able to prove to the police that you are 'safe' to drive, so it is entirely your own responsibility and we cannot give you permission to drive. Generally speaking, you will likely find it difficult driving during the first two weeks while the wound is healing.

Further information

- The British Society for Surgery of the Hand (BSSH) <https://www.bssh.ac.uk/patients/>
- The Royal College of Surgeons of England have some patient information publications available on their website <https://www.rcseng.ac.uk/patient-care/having-surgery/things-to-consider-before-having-surgery/rcs-patient-information/>

Contacting us

If you require any information or advice from the Hand Therapy Team, you can contact us at the Royal Berkshire Hospital during office hours Monday to Friday via the Clinical Administration Team (CAT 5): 0118 322 7415 or email rbb-tr.cat5@nhs.net.

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

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