

GANGLION

PRIOR APPROVAL REQUIRED FOR SECONDARY CARE REFERRAL

There is a reasonable chance that ganglia will disappear spontaneously and even if they persist they do not cause adverse long term effects.

Wrist ganglia have a high spontaneous resolution rate (it is suggested 50% over 5 years).

Treatment options include observation, aspiration/injection and surgical (open or arthroscopic) excision. Although aspiration and surgery will remove ganglions in the short term, recurrence rates are high. Injection of steroid following aspiration does not improve recurrence rates.

Commissioners will **ONLY** consider requests for treatment of Ganglion where there is evidence of:

- Significant functional impairment which prevents the individual from fulfilling work/study/carer or domestic responsibilities;

OR

- Doubt about the diagnosis. (If there is any uncertainty whether the ganglion may be malignant in nature, refer your patient via the 2 week wait referral route.)

To enable to assessment of individual requests, the following information with examples of significant functional impairment should be provided with the request:

- Precise location of ganglion e.g. flexor tendon
- Size in cm/inches (length and width)
- How functioning of the area is impaired? i.e. what is the patient unable to?
- Impact on work/studies/care i.e. is the patient unable to fulfil any essential activities such as cooking, washing etc.
- Degree of pain and treatment of.
- How long it has existed and treatments tried to date.

Significant functional impairment is defined by the CCGs' as:

Symptoms preventing the patient fulfilling routine work or educational responsibilities

Symptoms preventing the patient carrying out routine domestic or carer activities

Reference:	Policy Name	Date of WCAG	Date of QCAG	Review Date	Version
BW-CP017	Ganglia Excision	31/01/2017	21/02/2017	Jan 2020	2