

BOB ICB and Frimley ICB Priorities Committee Clinical Commissioning Policy Statement

Policy Number/ Name	BOBFPC15 Ganglion Cysts
Date of BOB ICB Adoption	February 2024

The Buckinghamshire, Oxfordshire, and Berkshire West ICB and Frimley ICB Priorities Committee has reviewed the national guidance for the interventions used to treat ganglia of the hands and feet.

Around 50% of ganglion cysts will resolve spontaneously within 5-10 years of initial presentation. Aspiration and surgery (open or arthroscopic) will remove ganglion in the short term, however, recurrence rates are high.

Ganglion excision will be funded in line with the NHS England (2018; updated 2019) Evidence Based Interventions Statutory Guidance

Wrist ganglia:

- Treatment is only appropriate if the ganglion is causing significant pain or functional impairment that significantly interferes with activities of daily living.
- In the first instance, aspiration should be carried out if the ganglion is causing significant pain or functional impairment that significantly interferes with activities of daily living.
- Surgical excision will be considered if aspiration fails to resolve the pain or significant functional impairment.

Seed ganglia:

- Treatment is only appropriate if the ganglion is causing significant pain or functional impairment that significantly interferes with activities of daily living.
- In the first instance, puncture/aspirate the ganglion using a hypodermic needle.
- Surgical excision will be considered if ganglion persists or recurs after puncture/aspiration.

Mucous cyst

- Surgery will be considered if there is recurrent spontaneous discharge of fluid, OR
- Significant nail deformity OR
- Significant functional impairment that significantly affects activities of daily living

Foot Ganglia

Surgical intervention for ganglia of the foot will only be considered if causing significant functional impairment, such as:

- The patient is unable to wear typical 'off the shelf' footwear
- Reduced ability to walk.
- Localised pressure effects including pain and/or increasing size.

Ganglion ICD10 code:

M67.4 Ganglion (of joint or tendon (sheath))

Ganglion OPCS Procedures:

T59% Excision of ganglion

T60% Re-excision of ganglion

T61.1 Aspiration of ganglion

T61.3 Injection of ganglion

T61.8 Other specified operations on ganglion

T61.9 Unspecified operations on ganglion

NOTES:

- Potentially exceptional circumstances may be considered by a patient's ICB where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.
- This policy was developed and recommended by Thames Valley Priorities Committee which was the predecessor of Buckinghamshire, Oxfordshire, and Berkshire West ICB and Frimley ICB Priorities Committee.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g., from NICE.
- BOBFPC clinical policy statements can be viewed at [Clinical Commissioning Policy Statements & IFRs | BOB ICB](#)

Recommendation made by TVPC	March 2015, Reviewed August 2019, Updated October 2020
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