



*Berkshire West Clinical Commissioning Group
Buckinghamshire Clinical Commissioning Group
East Berkshire Clinical Commissioning Group
Oxfordshire Clinical Commissioning Group*

Thames Valley Priorities Committee Commissioning Policy Statement

Policy No. 137d (TVPC15)	Ganglion cysts
Recommendation made by the Priorities Committee:	March 2015; reviewed August 2018; updated October 2020¹
Date agree by OCCG:	September 2015, September 2018, 10th December 2020
Date of issue:	September 2015, minor update September 2018, December 2020

Thames Valley 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.

¹ Updated to reflect NHS England Evidence-Based Intervention Statutory Guidance
<https://www.england.nhs.uk/evidence-based-interventions/ebi-programme-guidance/>

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 CCG 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 will be reviewed in the light of new evidence or new national guidance, e.g., from NICE.
- Thames Valley clinical policies can be viewed at <http://www.fundingrequests.ccsu.nhs.uk/>
- Oxfordshire CCG clinical policies can be viewed at <http://www.oxfordshireccg.nhs.uk/professional-resources/policies>