

Draft General Commissioning Policy

Treatment	Ganglion Surgery
For the treatment of	The removal of ganglions
Background	This commissioning policy is needed because surgical ganglion procedures are not routinely commissioned by NHS Hull CCG and such requests are thus currently considered via the Individual Funding Request (IFR) process.
Commissioning position	<p>Surgical excision of ganglia is a treatment not routinely commissioned by NHS Hull CCG. This commissioning policy clarifies the treatment pathway and the criteria for secondary care referral. NHS Hull CCG will not routinely commission surgical excision of ganglia unless in exceptional circumstances. Surgical intervention is not normally commissioned unless the ganglia pathway (see Appendix) has been followed and shows that surgery is strongly indicated.</p> <p>GPs must obtain prior approval from IFR Panel before referring to secondary care.</p> <p>Surgical excision will not be commissioned for cosmetic reasons and access to secondary care will only be considered if specific criteria are met:</p> <p>(i) The ganglion has resulted in *significant functional impairment, OR</p> <p>(ii) The patient is experiencing considerable pain as a result of the ganglion's size or position despite use of analgesics , OR</p> <p>(iii) Where there is doubt about the diagnosis (with or without pain).</p> <p>* Significant functional impairment is defined as:</p> <ul style="list-style-type: none"> • Symptoms preventing the patient fulfilling vital work or educational responsibilities. • Symptoms preventing the patient carrying out vital domestic or carer duties. <p>To enable NHS Hull CCG to assess individual requests, the following information with examples of significant functional impairment should be provided with the request:</p> <ul style="list-style-type: none"> • Precise location of ganglion e.g. flexor tendon • Size in cm/inches (length and width) • How functioning of the area is impaired? ie. what is the patient unable to? • Impact on work/studies/care ie. is the patient unable to fulfil any essential activities such as cooking, washing etc. • Degree of pain • How long it has existed and treatments tried to date.
Effective from	October 2015
Summary of evidence / rationale	<p>Many hand conditions occur commonly, cause few serious symptoms and will generally resolve spontaneously. Ganglia are common benign lesions, which may be cosmetically noticeable but often resolve spontaneously. Wrist ganglia have a high spontaneous resolution rate (it is suggested 50% over 5 years).</p> <p>However, they may sometimes be painful or cause functional limitation. They most frequently arise adjacent to joints and tendons, but may also occur within these structures. They usually occur on either the palm or the</p>

	<p>dorsal side of the wrist or, less commonly, the foot.</p> <p>Treatment options include observation, aspiration/injection and surgical (open or arthroscopic) excision.</p> <p>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.</p> <p>Reassurance, combined if necessary with repeated aspiration, is a reasonably effective treatment with minimal complications, although recurrence rates for aspiration are 60% to 70%.</p> <p>Studies have revealed a high complication and recurrence rate after surgery– recurrence rates are reported at between 14% and 40%, scar sensitivity rates 15% - 28%. Patients also report joint stiffness/distal numbness.</p> <p>Where patients associate pain or stiffness with the ganglion at presentation, these symptoms are likely to resolve regardless of whether the patient is managed with reassurance, excision or aspiration.</p>
Date	October 2015
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References:

1. **Wrist Ganglia (Bandolier) 2003.**
<http://www.medicine.ox.ac.uk/bandolier/booth/miscellaneous/wristgang.html>
2. **BSSH Evidence for Surgical Treatment 1 – Wrist Ganglion (updated September 2012)**
<http://www.bssh.ac.uk/education/guidelines/ganglion.pdf>
3. **Burke FD, Bradley MJ. A proposal justifying an alternative referral practice from primary care for three common hand surgery diagnoses. Postgrad Med J (2007).**
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2600121/pdf/616.pdf>

Useful website:

4. <http://www.nlm.nih.gov/medlineplus/tutorials/ganglioncysts/op089106.pdf>

Appendix – GP Referral Pathway for Ganglia

