NHS
Dorset
Clinical Commissioning Group

NHS England / NHS Dorset Clinical Commissioning Group

Ganglia Removal
Criteria Based Access Protocol



Supporting people in Dorset to lead healthier lives

NHS DORSET CLINICAL COMMISSIONING GROUP

GANGLIA REMOVAL
CRITERIA BASED ACCESS PROTOCOL

1. INTRODUCTION AND SCOPE

1.1 Ganglia are cystic swellings containing jelly-like fluid and can form alongside any joint I the body. They are most common around the wrists or in the hand. Most people live comfortably with ganglia as they cause only mild symptoms which do not restrict function. They often resolve spontaneously over time. Wrist ganglion rarely press on a nerve or other structure, causing pain and reduced hand function. Ganglia in the palm of the hand (seed ganglia) can cause pain when carrying objects. Ganglia which form just below the nail (mucous cysts) can deform the nail bed and discharge fluid, but occasionally become infected and can result in aseptic arthritis of the distal finger joint. There is a reasonable chance that ganglia will disappear naturally and even if they persist they do not cause adverse long term effects.

1.2 Asymptomatic ganglions are considered low priority for treatment and will not be funded. These should not normally be referred to secondary care.

1.3 This protocol has been updated in line with the NHS Evidence Based Interventions Policy (11th January 2019). NHSE has reviewed and aligned with proposals from the British Society of the Hand

2. DEFINITIONS

2.1 Any definitions related to this Criteria Based Access Protocol are included as a Glossary at Appendix B.

3. CRITERIA FOR ACCESS

3.1 Ganglion excision is only offered in line with the following and when **one or more** of the criteria is present:

Wrist ganglia

- no treatment unless causing pain or tingling/numbness or concern (worried it is a cancer) and there is doubt about the diagnosis;
- aspiration if causing persistent pain, tingling/numbness or concern
- surgical excision only considered if aspiration fails to resolve the pain or tingling/numbness and there is restricted hand function.

Seed ganglia (in the palm of the hand) that are painful

- puncture/aspirate the ganglion using a hypodermic needle
- surgical excision only considered if ganglion persists or recurs after puncture/aspiration.

Mucous cysts

- no surgery considered unless significant/disturbing nail growth/deformity or recurrent spontaneous discharge of fluid as this presents a risk of septic arthritis in distal inter-phalangeal joint.

Symptoms associated with the ganglion such as rapid increase in size, loss of sensation in parts of the hand, neurological evidence of nerve compression loss or weakness of the wrist

4. EVIDENCE

4.1 Most wrist ganglia get better on their own. Surgery causes restricted wrist and hand function for 4-6 weeks, may leave an unsightly scar and be complicated by recurrent ganglion formation. Aspiration of wrist ganglia may relieve pain and restore hand function, and "cure" a minority (30%). Most ganglia reform after aspiration but they may then be painless. Aspiration also reassures the patient that the swelling is not a cancer but a benign cyst full of jelly.

4.2 Complication and recurrence are rare after aspiration and surgery for seed ganglia

5. CASES FOR INDIVIDUAL CONSIDERATION

5.1 NHS Dorset Clinical Commissioning Group recognises that there will be occasions when patients may have good clinical reasons for being treated as exceptions to the above. The IPT Policy is available on the NHS Dorset Clinical Commissioning Group website or upon request. In such cases the requesting clinician must provide further information to support the case for being considered as an exception.

5.2 The fact that treatment is likely to be effective for a patient is not, in itself a basis for exceptional circumstances. In order for funding to be agreed there must be some unusual or unique clinical factor in respect of the patient that suggests that they are:

- significantly different to the general population of patients with the particular condition; and
- they are likely to gain significantly more benefits from the intervention than might be expected for the average patient with the condition

5.3 In these circumstances, please refer to the Individual Patient Treatment Team at the address below:

First Floor West
Vespasian House
Barrack Road
Dorchester
DT1 1TG
Telephone no: 01305 368936
Email: individual.requests@dorsetccg.nhs.uk

6. CONSULTATION

6.1 This protocol is updated in line with NHS England Evidence Based Interventions Policy (11th January 2019) following national consultation July 2018 to November 2018.

6.2 An Equality Impact Assessment for this Criteria Based Access Protocol is available on request.

7. RECOMMENDATION AND APPROVAL PROCESS

7.1 This access protocol has been approved on behalf of the Clinical Reference Group in line with processes agreed by the CCG's Governing Body.

8. COMMUNICATION/DISSEMINATION

8.1 Following approval each Criteria Based Access Protocol will be uploaded to the CCG's Intranet, Internet and added to the next GP Bulletin.

9. IMPLEMENTATION

9.1 Following review of this Criteria Based Access Protocol it was agreed there were no new aspects to be included in this version and therefore no requirement for an implementation plan.

10. DOCUMENT REVIEW FREQUENCY AND VERSION CONTROL

10.1 This Criteria Based Access Protocol requires a review every three years, or in the event of any changes to national guidance or when new guidance is issued.

FREQUENTLY ASKED QUESTIONS

N/A

GLOSSARY

N/A

A	**DOCUMENT DETAILS**
Procedural Document Number	127
Author (Name and Job Title)	Tracy Hill, Principal Programme Lead, Elective Care
Recommending Group	MSK Task and Finish Group / NHSE
Version	3.1
Review frequency	Every 3 years
Review date	February 2022

B	**CONSULTATION PROCESS**		
Version No	**Review Date**	**Author and Job Title**	**Level of Consultation**
3.0	June 2017	Tracy Hill, Principal Programme Lead	MSK Task and Finish Group
3.1	February 2019	Tracy Hill, Principal Programme Lead	Updated to reflect NHSE, reviewed by MSK Task & Finish Group NHSE Consultation July 2018 to November 2018

C	**VERSION CONTROL**				
Date of recommendation	**Version No**	**Review date**	**Nature of change**	**Approval date**	**Approval Committee**
June 2017	3.0	June 2017	Update – minor changes	TBC	CCC
January 2019	4.0	February 2019	Updated in line with national policy (January 2019)	April 2019	MSK/CRG

D	**ASSOCIATED DOCUMENTS**
NHS England Policy for Evidence Based Interventions, January 2019 Policy for individual patient treatment, NHS Dorset Clinical Commissioning Group Making sense of Local Access Based Protocols, NHS Dorset Clinical Commissioning Group	

E	SUPPORTING DOCUMENTS/EVIDENCE BASED REFERENCES	
Evidence, including Hyperlink (if available)		**Date**
This policy has been developed in line with: http://www.nhs.uk/Conditions/excisionofganglion/Pages/Introduction.aspx Other evidence found at p42 https://www.england.nhs.uk/publication/evidencebased-interventions-guidance-for-clinical-commissioning-groups-ccgs/		June 2017 Nov 2018

F	DISTRIBUTION LIST		
Internal CCG Intranet	**CCG Internet Website**	**GP Communications Bulletin**	**External (Trusts, ISPs) stakeholders**
✓	✓	✓	✓