

Ganglion Removal Prior Approval

Before consideration of referral for management in secondary care, please review advice on the Remedy website (<https://remedy.bnssg.icb.nhs.uk/>) or consider use of advice and guidance services where available.

Referrals must be made through the community Musculoskeletal (MSK) Interface Service.

Section A – Ganglion Removal

Funding for referral to secondary care for radiology for guided injection/aspiration or surgical excision will ONLY be considered where the patient meets all the following criteria:

1. Conservative measures (over 6 months) have been exhausted including rest, activity modification, pain relief, NSAIDS, splinting, exercises, as appropriate.

AND

2. Patients with:
 - a. Neurovascular compromise (Evidenced by USS or MRI and clear clinical findings)
OR
 - b. Where ganglion only forms part of or maybe is secondary to the diagnosis (i.e. underlying OA or instability) where the underlying problem can only be resolved by removal of the ganglion.
OR
 - c. Patients with over 6 months ganglia pain and functional limitation (e.g. restriction in doing everyday activities, wearing normal footwear or similar) evidenced by ultrasound or photographs where possible.
OR
 - d. Patients with severe persistent pain (over 6 months).

Notes:

1. All patients should be referred via the community Musculoskeletal (MSK) Interface Service.
2. If the patient in question is clinically exceptional compared to the cohort, then an Exceptional Funding Application may be appropriate. The only time when an EFR application should be submitted is when there is a strong argument for clinical exceptionality to be made. EFR applications will only be considered where evidence of clinical exceptionality is provided within the case history/primary care notes in conjunction with a fully populated EFR application form.

Classification of Pain Level and Functional Impairment

This guide below is produced to support all clinicians and patients in classifying the pain and/or impairment suffered due to their condition in order to judge whether it is the appropriate time to refer a patient to secondary care.

Pain Levels:

Slight

- Sporadic pain.
- Pain may occur during specific movements, exertion, or certain activities.
- Allows daily activities to be carried out (those requiring great physical activity may be limited).
- Medication, aspirin, paracetamol or NSAIDs to control pain with no/few side effects.

Moderate

- Occasional pain.
- Pain may occur during routine activities such as walking, standing, or maintaining certain positions for extended periods.
- Some limitation of daily activities.
- Medication, aspirin, paracetamol or NSAIDs to control with no/few side effects.

Intense

- Pain of almost continuous nature.
- Pain occurs even during light or short-duration activities, or while maintaining normal postures.
- Daily activities are significantly limited by pain or reduced mobility.
- Continuous use of NSAIDs for treatment to take effect.
- May require occasional use of support or adaptive measures to perform certain activities.

Severe

- Continuous pain.

- Pain when resting.
- Daily activities significantly limited constantly.
- Continuous use of analgesics - narcotics/NSAIDs with adverse effects or no response.
- May require frequent use of supportive or adaptive aids to manage movement or daily tasks.

Functional Impairment

Minor

- Functional capacity adequate to conduct normal activities and self-care
- Able to carry out most physical tasks or maintain activity for extended periods (e.g., over one hour without significant limitation).
- No assistive devices or support aids required.

Moderate

- Functional capacity adequate to perform only a few or none of the normal activities and self-care
- Ability to sustain physical tasks or activity is moderately reduced (e.g., 30–60 minutes of continuous activity).
- May require occasional use of supportive aids or adaptive devices (e.g., cane, brace) for mobility or task completion.

Severe

- Largely or wholly incapacitated
- Very limited capacity for physical tasks or activity (e.g., less than 30 minutes of sustained activity) or may be bedridden.
- Requires frequent or constant use of supportive or assistive devices (e.g., cane, walker, wheelchair) to perform basic activities or mobility.

BRAN

For any health- related decision, it is important to consider “BRAN” which stands for:

- Benefits
- Risks
- Alternatives
- Do Nothing

Benefits

Removal can provide relief when a cyst becomes large and cannot be treated by other methods. While Surgery removes the source of pain discomfort, but it does not eliminate the chance of cysts.

Risks

Having a ganglion cyst removed is a minor procedure, so complications are rare and

seldom serious. However a small number of people experience permanent stiffness and pain after surgery.

If you have the operation under general anaesthetic, there's also a very small risk of complications to your heart and lungs.

Around half of all ganglion cysts treated using aspiration return at some point. (1)

Alternatives

Conservative measures including rest, activity modification, pain relief, NSAIDS, splinting, exercises, clinically guided injection.

Do Nothing

Remember, you always have the option to do nothing. Doing nothing is an equally reasonable option to doing something. Sometimes “not yet” is a good enough answer until you gather more information.

Ganglion Removal– Plain Language Summary

A ganglion cyst is a fluid-filled swelling that usually develops near a joint or tendon. The cyst can range from the size of a pea to the size of a golf ball.

Ganglion cysts look and feel like a smooth lump under the skin. They are made up of a thick, jelly-like fluid called synovial fluid, which surrounds joints and tendons to lubricate and cushion them during movement.

Ganglions can occur alongside any joint in the body, but are most common on the wrists, hands and fingers.

Ganglions are harmless but can sometimes be painful. If they do not cause any pain or discomfort, they can be left alone and may disappear without treatment, although this can take several years.

Treatment is usually only recommended if the cyst causes pain or affects the range of movement in a joint. Another possible surgical indication would be if the ganglion is large enough to be compressing adjacent structures e.g., nerve etc.

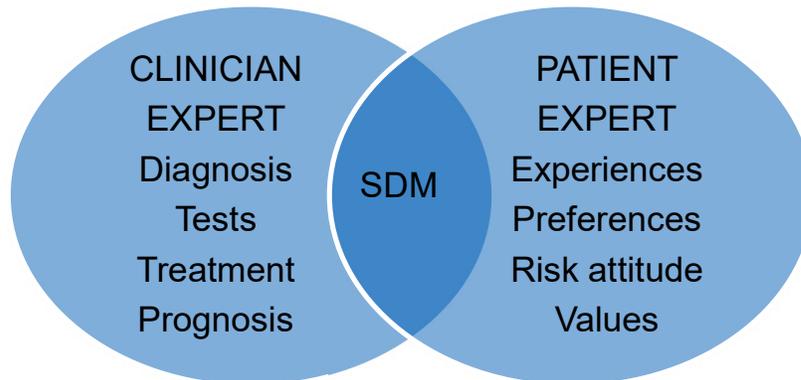
The 2 main treatment options for a ganglion cyst are:

- draining fluid out of the cyst with a needle and syringe (aspiration)
- OR
- cutting the cyst out using surgery

Shared Decision Making

If a person fulfils the criteria for Ganglion Removal it is important to have a partnership approach between the person and the clinician.

Shared Decision Making (SDM) is the meeting of minds of two types of experts:



It puts people at the centre of decisions about their own treatment and care and respects what is unique about them. It means that people receiving care and clinicians delivering care can understand what is important to the other person.

The person and their clinician may find it helpful to use 'Ask 3 Questions':

1. What are my options? (see sections above)
2. What are the pros and cons of each option for me?
3. How can I make sure that I have made the right decision?

This policy has been developed with the aid of the following:

1. National Health Service (2021) Health A to Z: Cosmetic Procedures [online] www.nhs.uk/conditions/ganglion
2. NHSE (2019) Evidence Based Intervention Programme www.ebi.aomrc.org.uk/interventions/ganglion-excision
3. British Association of Dermatologists (2022) Patient Information Leaflets [online] www.bad.org.uk/patient-information-leaflets
4. British Society for Surgery of the Hand (2019) Ganglion Cysts [online] www.bssh.ac.uk
5. DermNet (2015) Cutaneous cysts and pseudocysts [online] www.dermnetnz.org
6. National Library of Medicine (2019) Wrist ganglion treatment: systematic review and meta-analysis [online] PMID: 25708437 www.pubmed.ncbi.nlm.nih.gov
7. National Library of Medicine (2015) Intra-neural Ganglions of the Hand and Wrist [online] PMID: 26213199 www.pubmed.ncbi.nlm.nih.gov
8. Mayo Clinic (2021) Ganglion Cyst [online] www.mayoclinic.org

Due regard

In carrying out their functions, the Bristol, North Somerset and South Gloucestershire Clinical Policy Review Group (CPRG) are committed to having due regard to the Public Sector Equality Duty (PSED). This applies to all the activities for which the ICBs are responsible, including policy development and review.

Document Control

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Governance

Commissioning policies are assessed for their likely level of impact on BNSSG ICB and the population for which it is responsible. This determines the appropriate level of sign off. The below described the approval route for each score category.

Policy Category	Approval By
Level 1	Commissioning Policy Review Group.
Level 2	Chief Medical Officer, or Chief Nursing Officer, or System Executive Group Chair
Level 3	ICB Board

OPCS Procedure codes

Must have any of (primary only):

Support

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