

Policy for the Excision of Ganglion Cysts and Muroid Cysts

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Purpose	This document is part of a suite of policies that the Integrated Care Board (ICB) uses to drive its commissioning of healthcare. Each policy in that suite is a separate public document in its own right but will be applied with reference to other policies in that suite.
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Author (inc Job Title):	Clinical Policy Group
Ratified by: (Name of responsible Committee)	Quality and Outcomes Committee
Cross reference to other Policies/Guidance	
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Document control:		
Date:	Version Number:	Section and Description of Change
07.03.2019	V1	Policy ratified by Healthier Lancashire and South Cumbria's Joint Committee of Clinical Commissioning Groups (JCCCGs)
July 2022	V1.1	Policy adopted by Lancashire and South Cumbria ICB – references to CCG replaced by ICB where relevant
November 2025	V2.0	Minor wording changes for clarity and consistency. Policy title amended to - Excision of Ganglion Cysts and Muroid Cysts. Jan 2026: Minor criteria/terminology/pathway clarification following evidence review and template migration. No change to commissioning intent or expected activity.

1. Ganglion Cysts of the Wrist or Hand

- 1.1 The ICB will commission aspiration of wrist ganglion cysts in the following circumstances:
 - 1.1.1 The ganglion cyst is causing pain, tingling or numbness
- 1.2 The ICB will commission surgical excision of wrist ganglion cysts in the following circumstances:
 - 1.2.1 The ganglion cyst is causing pain, tingling or numbness **AND**
 - 1.2.2 Aspiration has failed to resolve the pain, tingling or numbness **AND**
 - 1.2.3 There is restricted hand function.

2. Seed Ganglions (Ganglion cysts in the palm of the hand)

- 2.1 The ICB will commission aspiration/puncturing of seed ganglions in the following circumstances:
 - 2.1.1. The ganglion is causing pain
- 2.2 The ICB will commission surgical excision of seed ganglions in the following circumstances:
 - 2.2.1 The seed ganglion is causing pain **AND**
 - 2.2.2 The seed ganglion persists or recurs following aspiration/puncture

3. Muroid Cysts (Ganglion cysts under the nail)

- 3.1 The ICB will commission surgical excision of muroid cysts when one or more of the following criteria are satisfied:
 - 3.1.1 There is recurrent spontaneous discharge of fluid **OR**
 - 3.1.2 There is significant nail deformity.

4. Exclusions

- 4.1 Suspected or confirmed malignancy is excluded from this policy and therefore not restricted by this commissioning statement.
- 4.2 This policy excludes the management of ganglion cysts or muroid cysts that affect other parts of the body, i.e. ganglion cysts that are not in the wrist or hand.

5. Scope and definitions

- 5.1 This policy is based on the ICB's Statement of Principles for Commissioning of Healthcare (version in force on the date on which this policy is adopted).
- 5.2 During aspiration of a ganglion cyst a needle and syringe is used to remove as much of the contents of a ganglion as possible.

- 5.3 Excision of ganglion cysts or mucoid cysts is a surgical procedure to remove the fluid-filled swelling of the ganglion cyst or mucoid cyst.
- 5.4 The scope of this policy includes requests for the aspiration or excision of ganglion cysts or mucoid cysts, in the wrists and hand, in children and adults.
- 5.5 The scope of this policy does not include the management of ganglion cysts, mucoid cysts or similar swellings which are suspected to be of malignant origin, as outlined in section 4.1:
- If there is a suspicion the swelling may be malignant, the cancer pathway should be followed.
- 5.6 The ICB recognises that a patient may have certain features, such as:
- having a ganglion cyst or mucoid cyst
 - wishing to have a service provided for their ganglion cyst or mucoid cyst
 - being advised that they are clinically suitable for ganglion cyst or mucoid cyst excision, and
 - be distressed by their ganglion cyst or mucoid cyst, and by the fact that that they may not meet the criteria specified in this commissioning policy.
- Such features place the patient within the group to whom this policy applies and do not make them exceptions to it.
- 5.7 For the purpose of this policy the ICB defines ganglion cysts as cystic swellings containing jelly-like fluid which form around the wrists or in the hands, and mucoid cysts as cystic swellings specifically affecting the fingers, usually between the finger joint and the fingernail.

6. Appropriate Healthcare

- 6.1 The purpose of ganglion cyst or mucoid cyst excision is normally to improve hand function and reduce symptoms associated with the cyst, including pain, tingling and numbness.
- 6.2 The ICB regards the achievement of this purpose as according with the Principle of Appropriateness. Therefore this policy does not rely on the principle of appropriateness.
- 6.3 Nevertheless, if a patient is considered exceptional in relation to the principles on which the policy does rely, the ICB may consider the principle of appropriateness in the particular circumstances of the patient in question before confirming a decision to provide funding.

7. Effective Healthcare

- 7.1 The ICB relies on the criterion of effectiveness as the ICB recognises that in most cases ganglion cysts or mucoid cysts only cause mild symptoms that do not restrict function. Many ganglion cysts resolve spontaneously over time.
- 7.2 Ganglion cyst and mucoid cyst excision can be unnecessary, can cause complications, and recurrence is common following surgery. The complications may

be similar to or worse than the original problem.

- 7.3 The ICB therefore considers that, in the absence of the symptoms outlined at section 1, 2 or 3 of the policy, the potential risks associated with ganglion cyst or mucoid cyst removal outweigh the potential benefits.

8. Cost Effectiveness

- 8.1 The ICB does not call into question the cost-effectiveness of ganglion cyst or mucoid cyst excision and therefore this policy does not rely on the Principle of Cost-Effectiveness.
- 8.2 Nevertheless, if a patient is considered exceptional in relation to the principles on which the policy does rely, the ICB may consider whether the treatment is likely to be Cost Effective in this patient before confirming a decision to provide funding.

9. Ethics

- 9.1 The ICB does not call into question the ethics of ganglion cyst or mucoid cyst excision and therefore this policy does not rely on the Principle of Ethics.
- 9.2 Nevertheless, if a patient is considered exceptional in relation to the principles on which the policy does rely, the ICB may consider whether the treatment is likely to raise ethical concerns in this patient before confirming a decision to provide funding.

10. Affordability

- 10.1 The ICB does not call into question the affordability of ganglion cyst or mucoid cyst excision and therefore this policy does not rely on the Principle of Affordability.
- 10.2 Nevertheless, if a patient is considered exceptional in relation to the principles on which the policy does rely, the ICB may consider whether the treatment is likely to be affordable in this patient before confirming a decision to provide funding.

11. Exceptions

- 11.1 The ICB will consider exceptions to this policy in accordance with the Policy for Considering Applications for Exceptionality to Commissioning Policies.
- 11.2 In the event of inconsistency, this policy will take precedence over any non-mandatory NICE guidance in driving decisions of this ICB. A circumstance in which a patient satisfies NICE guidance but does not satisfy the criteria in this policy does not amount to exceptionality.

12. Force

- 12.1 This policy remains in force until it is superseded by a revised policy or by mandatory NICE guidance relating to this intervention, or to alternative treatments for the same condition.
- 12.2 In the event of NICE guidance referenced in this policy being superseded by new NICE guidance, then:

- If the new NICE guidance has mandatory status, then that NICE guidance will supersede this policy with effect from the date on which it becomes mandatory.
- If the new NICE guidance does not have mandatory status, then the ICB will aspire to review and update this policy accordingly. However, until the ICB adopts a revised policy, this policy will remain in force and any references in it to NICE guidance will remain valid as far as the decisions of this ICB are concerned.

13. References

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14. Associated OPCS/ICD codes

OPCS codes
T591, T592, T598, T599 - Excision of ganglia and muroid cysts
T611 - Aspiration of ganglia and muroid cysts
ICD codes
M674 - Ganglion, muroid cyst and digital myxoid cyst