

Policy for the Excision of Ganglia and Muroid Cysts

Ref:	LSCICB_Clin24
Version:	1.1
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.
Supersedes:	1
Author (inc Job Title):	
Ratified by: (Name of responsible Committee)	LSCICB Board (adopted 1 July 2022)
Cross reference to other Policies/Guidance	
Date Ratified:	1 July 2022 (adopted)
Date Published and where (Intranet or Website):	July 2022 (Website)
Review date:	7 March 2022 (under review)
Target audience:	All LSCICB Staff

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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

1. Wrist Ganglia

1.1 The ICB will commission aspiration of wrist ganglia in the following circumstances:

1.1.1 The ganglion is causing pain, tingling or numbness

1.2 The ICB will commission surgical excision of wrist ganglia in the following circumstances:

1.2.1 Aspiration has failed to resolve the pain, tingling or numbness

AND

1.2.2 There is restricted hand function.

2. Seed Ganglia (Ganglia in the palm of the hand)

2.1 The ICB will commission aspiration/puncturing of seed ganglia in the following circumstances:

2.1.1 The ganglion is causing pain

2.2 The ICB will commission surgical excision of seed ganglia when one or more of the following criteria are satisfied:

2.2.1 The ganglion persists following aspiration

OR

2.2.2 The ganglion recurs following aspiration.

3. Muroid Cysts (Ganglia 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 recurrence after aspiration, 1 spontaneous discharge of fluid

OR

3.1.2 There is significant nail deformity.

4. Scope and definitions

4.1 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).

4.2 During aspiration of a ganglion a needle and syringe is used to remove as much of the contents of a ganglion as possible.

4.3 Excision of ganglia is a surgical procedure to remove the fluid-filled swelling of the ganglia.

4.4 The scope of this policy includes requests for the aspiration or excision of ganglia in the wrists and hand in children and adults.

4.5 The scope of this policy does not include the management of ganglia or similar swellings which are suspected to be of malignant origin:

- If there is a suspicion the swelling may be malignant, the cancer pathway should be followed.

It also excludes management of ganglia on other parts of the body

4.6 The ICB recognises that a patient may have certain features, such as:

- having a ganglion
- wishing to have a service provided for their ganglion
- being advised that they are clinically suitable for ganglion excision, and
- be distressed by their ganglion, 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.

4.7 For the purpose of this policy the ICB defines ganglia as cystic swellings containing jelly-like fluid which form around the wrists or in the hands.

5. Appropriate Healthcare

5.1 The purpose of ganglia excision is normally to improve hand function and reduce symptoms associated with the ganglia, including pain, tingling and numbness.

5.2 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.

5.3 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.

6. Effective Healthcare

6.1 The ICB relies on the criterion of effectiveness as the ICB recognises that in most cases ganglia only cause mild symptoms that do not restrict function. Many ganglia resolve spontaneously over time.

6.2 Ganglion 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.

6.3 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 ganglia removal outweigh the potential benefits.

7. Cost Effectiveness

- 7.1 The ICB does not call into question the cost-effectiveness of ganglia excision and therefore this policy does not rely on the Principle of Cost-Effectiveness.
- 7.2 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.

8. Ethics

- 8.1 The ICB does not call into question the ethics of ganglia excision and therefore this policy does not rely on the Principle of Ethics.
- 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 raise ethical concerns in this patient before confirming a decision to provide funding.

9. Affordability

- 9.1 The ICB does not call into question the affordability of ganglia excision and therefore this policy does not rely on the Principle of Affordability.
- 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 be affordable in this patient before confirming a decision to provide funding.

10. Exceptions

- 10.1 The ICB will consider exceptions to this policy in accordance with the Policy for Considering Applications for Exceptionality to Commissioning Policies.
- 10.2 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.

11. Force

- 11.1 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.
- 11.2 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.

12. References

British Association of Dermatologist (2016) Digital Myxoid Cyst.
<http://www.bad.org.uk/shared/get-file.ashx?id=160&itemtype=document>

NHS England (2018). Evidence-Based Interventions: Guidance for CCGs

13. Associated OPCS/ICD codes

OPCS codes	ICD codes
'T591','T592','T598','T599','T601','T602','T608','T609'	M674