



**Coventry and
Warwickshire**
Integrated Care Board

Ganglion Treatment (Hand and Wrist) Policy

Reference Number:	This will be applied to all new ICB-wide PPSs by the Governance and Corporate Affairs Team and will be retained throughout its life span.
Version:	Version 1.0
Name of responsible Committee and date approved or recommended to Integrated Care Board Board:	Audit Committee
Date approved by the Integrated Care Board (if applicable):	1 July 2022
Next Review Date:	1 April 2025
Expiry Date:	1 October 2025
Name of author and title:	Lucy Dyde
Name of reviewer and title:	Ali Cartwright
Department:	Corporate Office

VERSION HISTORY

Date	Version	Changes made to previous version	Consulting and Endorsing Stakeholders, Committees / Meetings / Forums etc.

Treatment	Ganglion Treatment (Hand/Wrist)
Indication	Wrist or Hand Ganglion
Treatment:	<ul style="list-style-type: none"> • NO treatment unless causing pain or tingling/numbness or concern regarding diagnosis (worried it is a cancer). • Aspiration if causing pain, tingling/numbness or concern regarding diagnosis. • Surgical excision ONLY considered if aspiration fails to resolve the pain or tingling/numbness and there is restricted hand function. <p>Seed ganglia that are painful:</p> <ul style="list-style-type: none"> • Puncture/aspirate the ganglion using a hypodermic needle. • Surgical excision ONLY considered if ganglion persists or recurs after puncture/aspiration. <p>Mucous cysts:</p> <ul style="list-style-type: none"> • NO surgery considered unless recurrent spontaneous discharge of fluid or significant nail deformity. <p>Prior approval from the Integrated Care Board will be required before any treatment proceeds in secondary care unless an alternative contract arrangement has been agreed with the ICB that does not necessitate the requirement of prior approval before treatment.</p>
Diagnostic and Procedure Codes	T591, T592, T601, T602
Equality Impact	https://www.england.nhs.uk/evidence-based-interventions/