**Ganglion Surgery Commissioning Policy**

**Criteria Based Access**

<table>
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<th>Procedure</th>
<th>Ganglion Surgery</th>
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<td>For the treatment of</td>
<td>The removal of ganglions</td>
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**Background**

From April 2013 NHS England took over responsibility for commissioning activity in primary care, where initial conservative treatment takes place. BANES CCG is responsible for commissioning activity in secondary care.

This policy sets out the criteria for referral to secondary care surgery for patients with ganglions.

A ganglion cyst is a fluid-filled swelling that develops near a joint or a tendon. Ganglions can occur alongside any joint in the body, but are most common on the wrist, hand and fingers. Ganglions are harmless but may cause mild pain, especially if they are next to a nerve. If they do not cause any pain or discomfort, they can be left and may disappear without treatment.

Population prevalence of ganglions is unknown as many people live comfortably with their ganglia with no recourse to medical referral. Historical evidence would suggest incidences of between 25-43/100,000 population (Janzon 1981). In one study MRI scans were performed on 103 healthy asymptomatic volunteers and wrist ganglia were found in 53 (Lowden 2005). Ganglia are more prevalent in females (Barnes 1964) and occur most commonly in the second to fourth decades of life (Minotti 2002). They are also common in the paediatric and elderly population although in children the majority resolve in less than 1 year (Calif 2005, Coffey 2008). Ganglia are the second commonest cause for referral to hand units with one UK centre showing a rise from 43.9 per 100,000 per year in 1989/90 to 55 per 100,000 per year in 2000 (Burke 2003).

Source – British Society for surgery of the hand (BSSH) Evidence for surgical treatment: Wrist Ganglia
**Commissioning position**

Surgical excision will not be commissioned for cosmetic reasons and access to secondary care will only be considered if the following specific criteria are met:

1. The ganglion has resulted in *significant functional impairment, OR*
2. The patient is experiencing considerable pain as a result of the ganglion’s size or position, OR
3. Where there is doubt about the diagnosis (with or without pain).

* Significant functional impairment is defined as:
  - Symptoms preventing the patient fulfilling vital work or educational responsibilities.
  - Symptoms preventing the patient carrying out vital domestic or carer duties.
  - Symptoms preventing the patient from carrying out regular exercise.

**Summary of evidence / rationale**

Management of ganglia is considered to be a procedure of low clinical value. The evidence suggests that aspiration is useful for reassurance and where there is diagnostic uncertainty. Injection into the ganglion does not have any advantage over aspiration alone. Surgery is the treatment of choice for those that are symptomatic.

Ganglia are benign lesions that often spontaneously resolve and which only rarely cause functional problems. This policy has been developed to ensure that resources are used in the most effective way possible and targeted at those with the greatest need.

**Additional Information**

Where the above criteria are met providers will not need to seek individual prior approval from commissioners. However, a prior notification form must be completed to enable audit of compliance.

Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from this policy.

Individual cases will be reviewed by the Individual Funding Request Panel upon receipt of a completed Individual Funding Request application form from the patients GP, consultant or clinician. Applications must state reasons for exceptionality and cannot be considered from patients personally.

Click on the hyperlinks below for BANES CCG website access:

Prior Notification Form
### Notes
The development of this policy included a Bath Royal United Hospital clinician and some adaptations of policies from other NHS commissioning organisations, including NHS Hull CCG and North West Commissioning Support Unit.

### References


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<th>Approved by (committee)</th>
<th>Individual Funding Request Panel</th>
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<tr>
<td>Date Approved</td>
<td>23 April 2015</td>
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<tr>
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<td>1.0</td>
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<tr>
<td><strong>This commissioning policy updates BANES CCG current prior approval criteria (October 2011)</strong></td>
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<tr>
<td><strong>Produced by (title):</strong></td>
<td>Health Protection Manager, Bath &amp; North East Somerset Council Public Health Department</td>
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