

Policies for the Commissioning of Healthcare

Policy for the Excision of Ganglia and Muroid Cysts

Policy Number 50 (Pan Lancashire)

	Introduction
	This document is part of a suite of policies that the CCG 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.
1	Policy
1.1	Wrist Ganglia
1.1.1	The CCG will commission aspiration of wrist ganglia in the following circumstances: <ul style="list-style-type: none"> • The ganglion is causing pain, tingling or numbness
1.1.2	The CCG will commission surgical excision of wrist ganglia in the following circumstances:
1.1.2.1	<ul style="list-style-type: none"> • Aspiration has failed to resolve the pain, tingling or numbness AND
1.1.2.2	<ul style="list-style-type: none"> • There is restricted hand function.
1.2	Seed Ganglia (Ganglia in the palm of the hand)
1.2.1	The CCG will commission aspiration/puncturing of seed ganglia in the following circumstances: <ul style="list-style-type: none"> • The ganglion is causing pain
1.2.2	The CCG will commission surgical excision of seed ganglia when one or more of the following criteria are satisfied:
1.2.2.1	<ul style="list-style-type: none"> • The ganglion persists following aspiration OR
1.2.2.2	<ul style="list-style-type: none"> • The ganglion recurs following aspiration.
1.3	Muroid Cysts (Ganglia under the nail)
1.3.1	The CCG will commission surgical excision of muroid cysts when one or more of the following criteria are satisfied:
1.3.1.1	<ul style="list-style-type: none"> • There is recurrence after aspiration,¹ spontaneous discharge of fluid OR
1.3.1.2	<ul style="list-style-type: none"> • There is significant nail deformity.
2	Scope and definitions

2.1	This policy is based on the CCGs Statement of Principles for Commissioning of Healthcare (version in force on the date on which this policy is adopted).
2.2	During aspiration of a ganglion a needle and syringe is used to remove as much of the contents of a ganglion as possible.
2.3	Excision of ganglia is a surgical procedure to remove the fluid-filled swelling of the ganglia.
2.4	The scope of this policy includes requests for the aspiration or excision of ganglia in the wrists and hand in children and adults.
2.5	<p>The scope of this policy does not include the management of ganglia or similar swellings which are suspected to be of malignant origin:</p> <ul style="list-style-type: none"> • If there is a suspicion the swelling may be malignant, the cancer pathway should be followed. <p>It also excludes management of ganglia on other parts of the body</p>
2.6	<p>The CCG recognises that a patient may have certain features, such as:</p> <ul style="list-style-type: none"> • 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. <p>Such features place the patient within the group to whom this policy applies and do not make them exceptions to it.</p>
2.7	For the purpose of this policy the CCG defines ganglia as cystic swellings containing jelly-like fluid which form around the wrists or in the hands.
3	Appropriate Healthcare
3.1	The purpose of ganglia excision is normally to improve hand function and reduce symptoms associated with the ganglia, including pain, tingling and numbness.
3.2	<p>The CCG regards the achievement of this purpose as according with the Principle of Appropriateness. Therefore this policy does not rely on the principle of appropriateness.</p> <p>Nevertheless if a patient is considered exceptional in relation to the</p>

	principles on which the policy does rely, the CCG may consider the principle of appropriateness in the particular circumstances of the patient in question before confirming a decision to provide funding.
4	Effective Healthcare
4.1	<p>The CCG relies on the criterion of effectiveness as the CCG recognises that in most cases ganglia only cause mild symptoms that do not restrict function. Many ganglia resolve spontaneously over time.</p> <p>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.²</p> <p>The CCG therefore considers that, in the absence of the symptoms outlined at section 1.1 of the policy, the potential risks associated with ganglia removal outweigh the potential benefits.</p>
5	Cost Effectiveness
5.1	<p>The CCG does not call into question the cost-effectiveness of ganglia excision and therefore this policy does not rely on the Principle of Cost-Effectiveness.</p> <p>Nevertheless if a patient is considered exceptional in relation to the principles on which the policy does rely, the CCG may consider whether the treatment is likely to be Cost Effective in this patient before confirming a decision to provide funding.</p>
6	Ethics
6.1	<p>The CCG does not call into question the ethics of ganglia excision and therefore this policy does not rely on the Principle of Ethics.</p> <p>Nevertheless if a patient is considered exceptional in relation to the principles on which the policy does rely, the CCG may consider whether the treatment is likely to raise ethical concerns in this patient before confirming a decision to provide funding.</p>
7	Affordability
7.1	<p>The CCG does not call into question the affordability of ganglia excision and therefore this policy does not rely on the Principle of Affordability.</p> <p>Nevertheless if a patient is considered exceptional in relation to the principles on which the policy does rely, the CCG may consider whether the treatment is likely to be affordable in this patient before confirming a decision to provide funding.</p>

8	Exceptions
8.1	The CCG will consider exceptions to this policy in accordance with the Policy for Considering Applications for Exceptionality to Commissioning Policies.
8.2	In the event of inconsistency, this policy will take precedence over any non-mandatory NICE guidance in driving decisions of this CCG. A circumstance in which a patient satisfies NICE guidance but does not satisfy the criteria in this policy does not amount to exceptionality.
9	Force
9.1	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.
9.2	In the event of NICE guidance referenced in this policy being superseded by new NICE guidance, then: <ul style="list-style-type: none"> • 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 CCG will aspire to review and update this policy accordingly. However, until the CCG 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 CCG are concerned.
10	References
	<ol style="list-style-type: none"> 1. British Association of Dermatologist (2016) Digital Myxoid Cyst. http://www.bad.org.uk/shared/get-file.ashx?id=160&itemtype=document 2. NHS England (2018). Evidence-Based Interventions: Guidance for CCGs

Appendix 1: Associated OPCS/ICD codes

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

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