

11. Ganglia Surgery (T2, 9) **Policy Change**

Wrist ganglia

- No treatment **unless** causing pain or tingling / numbness or concern (worried it is a cancer);
- Aspiration if causing pain, tingling/numbness or concern
- Surgical excision only considered if aspiration fails to resolve the pain or tingling / numbness and there is restricted hand function.

Seed ganglia that are painful

- Puncture / aspirate the ganglion using a hypodermic needle
- surgical excision only considered if ganglion persists or recurs after puncture / aspiration.

Mucous cysts no surgery considered unless recurrent spontaneous discharge of fluid or significant nail deformity.

PREVIOUS WORDING/POLICY:

Policy is related to ganglions and excludes mucoid cysts.

This procedure is not routinely funded except when criteria 1 OR 2 are met, AND also criteria 3:

1. Criteria 1 - All the following apply:

- When the patient experiences persistent significant pain OR functional impairment, attributed to ganglion, that is interfering with the activities of daily living; AND
- The patient has had it explained that these may resolve and given opportunity for this to happen; AND
- Local protective padding has been tried and shoe wear changed (foot and ankle cases) to avoid pressure on the ganglion over a 6-month period and failed to relieve symptoms;

OR

2. Criteria 2 - Either of the following:

- Where there is a higher risk of ulceration over the ganglion arising from weight-bearing or shoe pressure especially where there are potential complications arising from co-morbidities; for example, neuropathy and diabetes OR
- There is evidence of nerve or blood vessel compression

AND

3. Criteria 3 apply: Shared decision making is in place incorporating a full understanding of the risk and benefits, expected outcomes and requirement for aftercare.