

A ganglion is a fluid-filled sac that forms as a herniation from a joint capsule or tendon sheath. The sac is attached to the joint or tendon sheath by a "stalk" that allows fluid to move into the pouch from the joint or sheath. The stalk functions as a valve and allows fluid in the cyst to increase/decrease in volume.

Ganglion cysts can develop at any joint in the hand or wrist. They are most commonly found at the centre of the back of the wrist. They are also commonly found on the palm side of the hand near the base of the fingers and the thumb side of the wrist, and on the back of the finger near the nail (mucous cyst).

A ganglion cyst typically forms a firm bump under the skin. The bump may be large and obvious, or it may be very small and felt only with deep pressure. The cyst may increase in size during periods of increased activity, and then decrease in size with rest.

Although most cysts do not cause pain, small cysts on the top of the hand can cause pain with wrist extension activities such as yoga or push-ups, and cysts on the palm side of the wrist may press painfully on the radial artery. Cysts in the fingers may cause pain when grasping objects.

Surgical removal of ganglions may be performed to improve your comfort, or if the ganglion is impairing joint mobility.

Alternative options to Removing Benign Skin Lesions

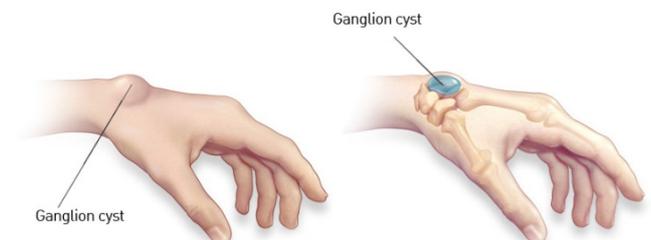
Observation Not all cysts require treatment. Those that do not cause pain or limited motion can simply be observed - they may go away over time, especially in children (~10%).

Aspiration & Steroid Injection - A painful or bothersome cyst can be drained with a needle (called aspiration), and a steroid can then be injected into the capsule or tendon sheath to decrease inflammation and decrease risk of recurrence. Recurrence, however, is up to 50% depending on the location of the ganglion.

What does the operation involve?

The operation is usually a day procedure and can be performed under local and sedation or a general anaesthetic. The length of the operation usually takes between 15 to 25 minutes but is depend on both the size and site of the ganglion.

An incision is made at the site of the ganglion and the ganglion is removed. It is important that the origin of the ganglion be identified and sutured. The surgeon then uses stitches to close the cut. The stitches may be dissolvable. If not, they are usually left in for approximately ten days depending on their location.



Post-operative course

You will be able to go home on the same day of surgery. You will be provided with post-operative instructions and pain relief medication as directed.

Your hand will be placed in a plaster ("backslab") for 1 week to allow to repair to heal.

You will be discharged home with an appointment card for a wound check, suture removal and hand therapy at WPRS. Contact phone numbers to call if you have any concerns once you have been discharged will be available with your post-operative instructions.

Most people can return to work at around one week post-operative (depending on the type of work). You should, however, avoid heavy lifting and strenuous activity for a few weeks, returning to normal activities by around four to six weeks. You may drive a car when you feel safe and comfortable to do so.

Potential risks of surgery

Bleeding/haematoma: any bleeding after surgery is usually minor. However rarely you may bleed enough to require a return to theatre or transfusion.

Infection: uncommon, however if it occurs you may be required to commence antibiotics.

Wound separation/delayed healing: is uncommon in removing benign skin lesions.

Scar tenderness: is common for around 6 weeks and improves for most people, though is rarely permanent.

Scar widening/hypertrophy: this can occur with any scar. Your wound will be carefully closed, however some people may develop widened or elevated scars. WPRS monitor for this and provide information to avoid this potential complication.

Recurrence: ~5%, maybe slightly higher in certain types of ganglion.

Nerve damage: may cause numbness if damage is caused to a nerve or one of its branches during the operation. This can be temporary or permanent.

Complex regional pain syndrome:

Approximately 2-3% risk. This results in pain, sweating and swelling of the hand. Often resolves with hand therapy although may require medication and may be permanent.

Anaesthetic complications: sore throat, nausea/vomiting, other rare complications (i.e. allergic reaction to anaesthetic) can be discussed with your anaesthetist.