

GANGLION

INFORMATION FOR PATIENTS

WHAT IS A GANGLION?

It is a cystic swelling which contains a thick jelly-like material. It is very common and is found near joints or tendons. The most common site is the back of the wrist but may also occur in other areas such as the front of the wrist or the foot.

If left untreated, many ganglia disappear spontaneously. They are therefore best left alone if they don't cause any symptoms. The cause is unknown.

HOW TO BE REFERRED?

Ganglions are a low priority treatment, which falls outside the range of services and treatments which are routinely commissioned by the Kernow Clinical Commissioning Group (KCCG). Your GP will refer you for treatment if you meet the criteria:

Most people are able to resume sports once the stitches are out.

If you need a doctor's note, we can provide you with one before you leave.

COMPLICATIONS AND RISKS

Any surgical procedure has an element of risk attached to it and occasionally things do not turn out as well as expected. Fortunately, they are rare and seldom serious.

The ganglion may recur in 20% of the cases. The skin around the scar may be permanently numb after the operation. Wound infection is another possible complication.

A rare complication of injury to the hand, including surgery is "chronic regional pain syndrome". The hand is disproportionately painful and stiff with some swelling. You should seek advice promptly if you experience such symptoms. This can last for many months and is difficult to treat

WHERE TO GET ADVICE

If you have any concerns during the post-op period you can get advice or help from one these sources.

- Contact your own doctor or nurse

- Contact one of the surgical team Tel: 01726 885104
- Out of Hours Service – contact the emergency number provided by your surgery
- Your local MIU or Emergency Department

Severe pain, excessive swelling or bandages that are too tight or bloody should prompt you to seek advice. Insist that the dressings are removed and the wound inspected before redressing.

TRAINING OF STUDENTS

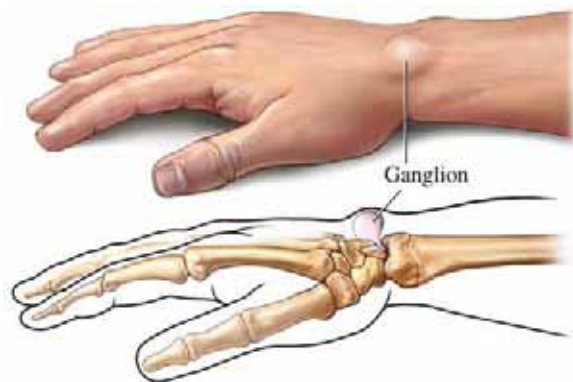
We are a teaching and training practice. Sometimes medical students or doctors in training may wish to observe or participate in procedures or operations. They will always be supervised by a senior doctor and will only participate with your approval.

If you do not wish to be seen by trainees or students you are perfectly entitled to withhold your consent.

If, after reading this information leaflet you have any further queries, please do not hesitate to contact the surgical team. Tel: 01726 885104

- Persistent pain (ie pain without spontaneous resolution within 1 to 2 years) or
- Functional restriction or
- Evidence of nerve compression

Once referred by your GP, you will be asked to choose where you would like to be treated. Choose Probus Surgical Centre.



PROBUS SURGICAL CENTRE

Probus Surgical Centre is easy to get to and has ample free parking. You will have a warm friendly greeting and a service of the highest quality.

TREATMENT

Treatment is indicated if the ganglion causes pain, interference with function or if there is uncertainty about diagnosis. The cyst can be aspirated using a wide bore needle after numbing the skin with

some local anaesthetic. As much material as possible is drawn out and some steroid can be injected into the cyst acting like a hardening agent. The cure rate is about 60%.

If it reoccurs, you will be offered an operation. This is also done under local anaesthetic and may be combined with a tourniquet, (applied to the upper arm for upper limb ganglion). The procedure takes between 15-45mins. The ganglion is excised and the wound closed with some stitches.

Please ensure that you remove all rings from your fingers or toes before your appointment and that you wear a loose sleeved top.

Please ensure that you have someone to drive you home afterwards.

If you are on blood thinning drugs such as Warfarin. Please inform your surgeon at your assessment.

POST-OP CARE

The hand (or foot) will be firmly bandaged before you go home.

For upper limb ganglia, a sling should also be worn. Use the sling for the first few days until you are feeling comfortable and you are sure there is little or no swelling in the fingers. Take the arm out

occasionally to exercise the elbow and shoulder. At night keep the sling on and sleep in a semi-upright position or place the hand on some pillows to elevate it.

Start finger or toe exercises immediately and repeat frequently. Fully straighten and bend the fingers or toes for a few minutes every hour. This helps to prevent stiffness.

Please see your practice nurse to have the dressings and stitches removed in 10 days. You should not drive until then. Some soreness and bruising is normal. Once the dressings are removed, you can wash the wound area with normal soap and water. You can shower or take a bath once the wound is healed.

Pain control

We recommend you take some painkillers such as paracetamol as soon as you get home and regularly for 48 hours, following the instructions on the packet.

RECOVERY

When you are able to return to work depends on your job. It may take a few days if you have a desk job or up to 3 weeks if have a heavy manual work.