



**SURGERY**

# Mucous Cyst Excision

## *A Mucous Cyst with grooved nail and thin overlying skin*



### *What does this involve?*

This involves removing the swelling on the end joint of the finger and repairing, or replacing the skin over the top. The cyst is connected to the last little joint of the finger and is wrapped around the side of the extensor tendon as it attaches to the last bone in the finger. The cyst is often also pressing on the tissue that makes the finger nail (which can appear grooved or ridged in this condition because of this). The skin over the top of the cyst is often thin and may not heal easily. These features all mean that this is a delicate operation.

### *When is surgery needed?*

These cysts can come and go with time and many resolve without surgery.

It is often possible to simply suck out the gel-like contents of the cyst with a needle (aspiration). At least 50% of the cysts come back after this procedure and there is always a risk of introducing infection into the area.

Many patients find a persistent mucous cyst irritating as they catch on objects when the hand is in use. The skin is easily damaged over the cyst resulting in leakage of the contents and the possibility of infection. In addition, many find any associated nail changes unsightly. In these cases surgery might be considered.

### *Which operation is the right one for me?*

With care most of these cysts can be separated from the overlying skin which can then be repaired after the cyst has been fully removed.

If the skin is very thin or damaged it might be necessary to also take away some of the skin over the top of the cyst. The resulting 'hole' can most easily be filled by moving the skin along from further down the finger. This is called a 'local flap'. The skin incision is a longer but generally heals very well and provides good quality coverage over the operation site.

<i>Type of Operation</i>	Day case
<i>Length of Procedure</i>	15 - 30 minutes
<i>Anaesthesia</i>	Local Anaesthetic



## What are the main risks of this operation?

### *Swelling, Stiffness and Scar pain*

This can be reduced by keeping the arm elevated and moving all the free joints as soon as possible. Local swelling around the surgical site can persist for several months. Local swelling can be helped by massaging the tissues and this may also improve any irritability in the surgical scar. Occasionally patients are troubled by more swelling and stiffness than average. In this case complex regional pain syndrome (CRPS) is sometimes the cause (see relevant information sheet in 'Conditions we Treat'). Severe CRPS occurs in less than 1% of cases.

### *Infection*

This is unusual in the hand (less than 1% of cases). Local wound infections can often be treated with oral antibiotics. Rare, deep seated infections may require re-admission to hospital, antibiotics into the vein and occasionally more surgery.

### *Nerve Damage*

The nerves most at risk with this operation are small branches supplying the skin next to the scar. Occasionally the ends of these nerves can be very tender after the operation but usually this responds well to time and massage.

### *Poor wound healing*

This can often be treated with dressings but larger areas of poor healing may require more surgery.

### *Residual discomfort in the joint*

These cysts usually come about because the last joint of the finger has arthritis in it. This is not dealt with by removing the cyst so symptoms from the joint itself may still be present after this surgery.

### *Recurrence*

Mucous cysts can come back after they have been excised but this is less common than for other ganglia (for instance those at the wrist). Recurrence rates of 0-5% have been recorded with careful surgery.

## Post Operative Course

### *Day 1 and 2*

- A sticky dressing and padded bandage is applied to the finger after the operation
- Keep the dressings clean and dry
- Keep the arm elevated in a sling or on pillows to reduce swelling
- Start moving all the free joints immediately after the operation to prevent stiffness
- Take painkillers before the anaesthetic wears off and as necessary thereafter

### *Day 3-14*

- You can take off the padded bandage but keep/replace the sticky dressing over the wound to protect it.
- Keep the wound clean and dry
- Continue gently exercising the hand and wrist and start moving the joint next to the operation. You can use the hand for light activities but avoid heavy loading and prolonged periods with the hand dangling down below your waist.

### *Day 10 - 14*

- A wound check and removal of sutures will be arranged during this time. The details will be made with you on the day of surgery.'
- Continue gradually increasing activities with the hand and wrist as comfort allows.
- Once the wound is completely sealed a daily session of 10 minutes massaging the scar with unscented hand cream is often useful to disperse swelling and desensitise the scar.

### *6 Weeks*

- Most people are back to normal activities by this stage although scar massage may still be useful

### *Post Operative Difficulties*

Contact your surgical centre at any stage if:

- Your fingers become more swollen, stiff or painful than you expect
- You see any discharge, wetness or detect any unpleasant smells from below your dressing

Outside normal working hours you may need to attend your local Accident and Emergency Department for help with these issues.

### *Driving*

You may drive when you feel confident to control the car, even in an emergency. Many patients, particularly if they have had right sided surgery, find they can drive within a week of this operation. Left sided surgery (for the gear stick and hand brake) may take a little longer.

### *Time off Work*

This will vary depending on the nature of your job. A light desk job may only require a few days off work. If you have a very heavy job you may need longer off work. Discuss your individual requirements with your surgeon. Sick notes can be provided on the day of your operation, at your clinic visits and by your own GP.