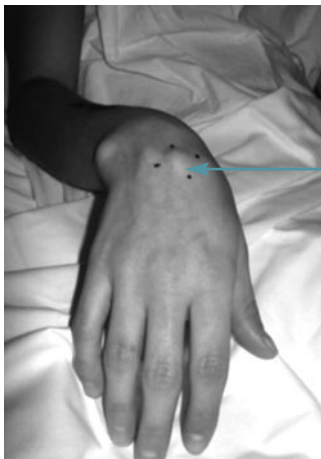




**SURGERY**

# Wrist Ganglia Excision

## Dorsal Ganglion



Swelling of ganglion,  
marked with pen dots

## Volar Ganglion



Swelling of ganglion

## What does this involve?

This involves removing a gel-filled sac from your wrist. These sacs most commonly arise in the middle of the back of the wrist (dorsal ganglia) or on the thumb side of the front of the wrist (volar ganglia). The lump that you see is often the 'tip of the iceberg' with a good deal of the sac below the skin between the tendons, blood vessels, nerves and into the joint below. This means that fully removing a ganglion is a bigger task than it might initially seem.

## When is surgery needed?

Surgery is not really needed for ganglia as they are not harmful in themselves. Over months or years up to 50% of these swellings disappear by themselves. For a big ganglion on the back of the wrist an aspiration in clinic might be attempted. This confirms the diagnosis and removes some of the gel-like contents of the ganglion through a needle. In about 40% of cases the swelling returns after this procedure.

If the ganglion grows very large it may interfere with how the wrist works. If this persists and is a real nuisance surgical excision might be considered.

<b>Type of Operation</b>	Day case
<b>Length of Procedure</b>	0.5 to 1.5 hours (depending on the complexity)
<b>Anaesthesia</b>	Regional Anaesthetic (arm numbed) and/or General Anaesthetic (asleep)



## 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 antibiotics by mouth. Rarely 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 these operations vary with the site of the swelling. Most commonly injured 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.

### *Ligament or Tendon Damage*

Some damage to the wrist joint ligaments near to where the ganglion comes from or to the tendons next to the ganglion as it comes out of the joint is possible with surgical excision. This most commonly increases the stiffness of the joint after surgery or leads to adhesions around the tendons which can limit their normal smooth gliding after the operation.

### *Residual symptoms*

Most patients have residual symptoms after excision of a ganglion at the wrist. In particular, if there was discomfort within the wrist below the ganglion, this rarely disappears after this surgery. There may also be residual symptoms from the scarring between all the tissues that have to be moved away to remove the swelling from deeper down in the wrist.

### *Recurrence*

There is about a 10% risk of the swelling returning over time even when the whole of the swelling is removed down to the joint. The risk of recurrence is similar if the procedure is performed open or arthroscopically.

## Post Operative Course

### *Day 1 - 3*

- A dressing and padded bandage is applied 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 joints that are not immobilised 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. You can use the hand for light activities but avoid heavy loading and prolonged periods with the hand dangling down below your waist.

### *2 Weeks*

- A wound check and trimming/removal of stitches should occur between 10 and 14 days after your surgery. The details will be arranged on the day of your 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

### *3 Months*

- It may take this long for residual discomfort in the scar and wrist to settle down

### *Post Operative Difficulties*

Contact your surgical centre if:

- Your fingers become blue, swollen or numb and tingling below your dressing
- You see any discharge, wetness or detect any unpleasant smells from around 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 will feel able to drive following this surgery after the first wound check at two weeks.

### *Time off Work*

This will vary depending on the nature of your job.

Sick notes can be provided on the day of your operation, at your clinic visits and by your own GP.