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## **Ganglion Cysts**

## What is a Ganglion?

Ganglions are very common lumps that often develop in relation to the hand and wrist. They may be associated with a joint linings or tendon sheaths. Most frequently they are found in association with the wrist joint, the end joint of the finger or at the base of the finger.

The cause for the formation of these cysts is unknown, although occasionally an injury may precede it. The cysts may be painful and occasionally result in restricted movement. They often increase and decrease in size and may on occasion disappear by themselves without any treatment. They do not cause any damage, nor are they associated with any serious disease in the hand. They are not cancerous (malignant).

Generally the diagnosis may be made without too much in the way of investigations. X-rays are often performed to assess the state of the nearby bone and joints.

## **Treatment**

As the ganglion may resolve by itself and the fact that it is relatively harmless, very often simple observation may be all that is required initially. Treatment may be indicated if the pain is particularly irritating or if the size or appearance is unacceptable to the patient. Non-operative treatments generally consist of aspirating the contents of the cyst via a needle and then placing the wrist, hand or finger in a splint. In general terms there is a fairly high recurrence rate from this method of treatment.

Surgery is generally a fairly straight forward procedure. Most often it may be performed under local anaesthetic as a day case procedure, meaning that you may be in hospital only for a few hours. Usually a tourniquet is placed around the arm to stop bleeding during the operation which will maximise visualisation in the operative field which is important in terms of recognising and avoiding damage to other important structures.

Post operatively there is minor tenderness and occasionally some tenderness and bruising. Full activity may usually be recommenced as soon as the wound has healed, often within one to two weeks. Whilst surgery offers the best method of long lasting cure there is approximately a 5% recurrence rate which is unavoidable.