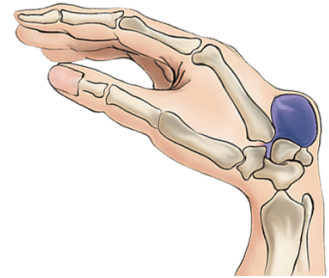


Patient Information Sheet

Ganglion Excision

What's the Problem?

A ganglion is the most common cause of a lump in the hand. It is actually a out-pouching of joint capsule, which fills with a substance called mucin. It most commonly appears on the back of the hand, and arises from the scapho-lunate ligament. A prominent ganglion does not usually cause symptoms unless it compresses a vital structure such as a nerve.



How can you treat it?

In some instances, non-surgical treatment is appropriate. This includes aspiration and steroid injection. Ultimately, an injection has only approximately 50% chance of sustained success, and if prominence or compression is an ongoing issue, then surgery and excision can be considered.

***Historically, a bible or heavy object was used to rupture a ganglion by force. This has since been proven to have an extremely high recurrence rate, and is not recommended!

The Operation:

A ganglion excision is a small operation. A small incision is made over the lump, and the ganglion is excised fully. This includes going to remove the stalk from which the ganglion with its outpouching originated from.

The Anaesthetic:

If you wish, you can be asleep for the entire operation. However, because it is a short and small operation, some light sedation and local anaesthetic is another choice available to you. You will not feel any pain with the incision as the local anaesthetic will dull the nerves to the area.

What are the Risks of this Operation?

- **Infection:**
Usually only a superficial wound infection to the top-most layer of the skin. In rarer cases a deep infection can develop and this is a serious complication that may require further surgery. Rare but serious, <1%.
- **Recurrence:**
This can occur despite successful initial surgery. A ganglion on the front of the wrist has higher rates of recurrence – approximately 15%, although it does not always recur to the same size.
- **Chronic Regional Pain Syndrome (CRPS):**
This is a chronic pain response that develops after an insult (like trauma or surgery) which

These notes have been prepared by Mr Simon Lau. They are general overviews and information aimed for use by his patients. They reflect Mr Lau's views, opinions and recommendations. They do not constitute medical advice. The contents are provided for information and education purposes only. Please seek Mr Lau's specific advice with any questions regarding medical conditions and treatment.

we don't have a full understanding of. It usually presents as ongoing burning or stinging to the hand, with change in sensation as well. Some factors increase the risk of developing this such as injury to the hands or feet, middle age and female gender. Mr Lau routinely prescribes Vitamin C post operatively, which has been shown in some studies to reduce the development of CRPS, but if it does develop, then a prolonged rehabilitation with hand therapy may be required.

Benefits:

If Mr Lau recommends an excision of ganglion, it is because he feels you will have a better outcome with surgery. The main focus of surgery is to reduce the prominence of the lump, as well as any compressive symptoms you may have as a consequence of it.

What can I expect?

You will wake up with your hand bandaged in bulky dressings. You will have had local anaesthetic to the area which takes 24-48 hours to wear off entirely. The nurses will provide you pain relief in the recovery area.

Most patients recover reasonably quickly and are able to have their surgery as a day stay procedure. You will be discharged with pain medication and an appointment for a wound check at approximately 10 days will be made for you. Mr Lau will then see you again around 8 weeks after surgery.

What should I avoid doing?

- In the first 2 weeks: keep your wound dry. Try to mobilise your fingers and elbow as much as possible
- Once the wound has healed, there are no further restrictions

Return to...?

- **Work**
Depends what you do. Desk based work can be done from ~10 days post operatively, if you can do these tasks single handedly.
- **Drive**
In Australia, you can't drive unless you are in full control of both your arms. Therefore, whilst your hand is bandaged you cannot drive.
- **Sports/Hobbies:**
No restrictions after 10 days if the wound has healed

Concerns or Questions?

If you have any concerns post operatively, or you would like further information, please contact Mr Lau through the VBJS on 03 5752 5020 or via email at admin@vbjs.com.au