



Wrist ganglion cysts

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About this leaflet

The purpose of this leaflet is to tell you about wrist ganglion cysts. These are the most common type of swelling in the wrist and are completely harmless, and usually disappear within a few years.

What is a ganglion?

A ganglion is a collection of thickened fluid which comes from a joint or near a tendon. They most commonly come from the wrist joint.

Causes

Joints are lined with a special tissue called synovium, which produces a lubricating fluid so that the joint can move freely without friction. A ganglion is formed if this fluid 'leaks' from the joint and the soft tissues react by forming a barrier to stop it spreading – this barrier is the wall of the ganglion.

Ganglions can occur at the back or the front of the wrist. Most ganglion cysts arise from a point of relative weakness around a joint.

What are the symptoms?

All ganglions produce a swelling or lump. When small, this lump may only be seen when the wrist is bent, but often the lump is fairly obvious, and occasionally the lump itself gets quite big.

Ganglions tend to increase and decrease in size with time, often getting bigger when the wrist is loaded. An increase in the pressure generated by the wrist joint can 'push' fluid out into the ganglion, but there is no good way of the fluid returning to the joint.

Pain is a common complaint in patients who come to see a specialist. This pain can be a result of the pressure within the ganglion, or can represent some mild irritation of nearby skin nerves. The presence of pain does not indicate damage is being done, and it is very safe to use the hand normally even if the ganglion hurts.

How is the diagnosis made?

The diagnosis is usually straightforward as ganglion cysts tend to be smooth and round. They fluctuate in size and occur at well-known locations in the hand and wrist. The diagnosis is commonly made clinically. If the clinical view is uncertain then a scan may be helpful.

> What is the natural history?

The majority of ganglions will fluctuate in size over the course of weeks or months, but most will disappear within a couple of years. The ganglion is harmless and it is very rare to have a significant problem from a ganglion.

The strong medical recommendation is to leave the ganglion alone and not to worry about it.

Are there any other options?

For ganglion cysts in general, the possibilities for treatment are:

1. Removal of the liquid contents of the cyst with a needle (aspiration)

Aspiration can be useful to confirm the diagnosis. The ganglion fluid itself is thick and jelly-like, and cannot be removed with a small needle. A large needle inserted into the cyst will allow clinical staff to remove the fluid and allow the lump to go down. It will not disappear, and aspiration does not cure the problem – it simply confirms the diagnosis and temporarily settles the lump. The lump will come back over the course of days or weeks.

2. Surgical removal of the cyst

Surgery is not usually recommended. This is because a ganglion is a harmless and self-limiting condition. Surgery always carries a risk which can leave you worse off following operation than they were before. There will be a scar which may be wide and unsightly.

In general, satisfaction rates after one year following this type of surgery low. It is possible, however, to remove the ganglion surgically, but this should be discussed with the surgeon carefully before such a decision is made.

Dorsal wrist ganglion cyst

This is a ganglion on the back of the wrist. They are more common in young adults and teenagers. They usually last up to two years before disappearing with no treatment.

After surgery to remove the ganglion the risk of recurrence is around 25%. Surgery does not always improve the discomfort of the ganglion and can cause other problems such as increased pain, loss of wrist movement and painful trapping of nerve branches within the scar. Surgery for this type of ganglion is rarely recommended, because of poor satisfaction rates.



Volar wrist ganglion cyst

This is a ganglion on the front or palm side of the wrist. The can happen in young adults, but are also seen in association with wrist arthritis in older individuals.

Surgery is possible to remove the ganglion but the risk of recurrence after surgery is around 30%. Problems after surgery include persistent pain, loss of wrist movement and trapping of nerve branches within the scar. There is also a risk of damage to the artery and to a small nerve that supplies sensation to the palm of the hand. For these reasons, many surgeons advise against an operation for these cysts.

If you are considering surgery, you should also read the leaflet "complications after hand surgery".

Contact

If you have any questions or concerns, please email handsurgery@gjnh.scot.nhs.uk or contact the orthopaedic clinic during office hours on 0141 951 5521. For out of hours, you should contact NHS 24.

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