

# Patient Information for Consent

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## What is a ganglion?

A ganglion is a lump under your skin that contains fluid.

Your surgeon has recommended an operation to remove your ganglion. However, it is your decision to go ahead with the operation or not. This document will give you information about the benefits and risks to help you to make an informed decision.

If you have any questions that this document does not answer, it is important that you ask your surgeon or the healthcare team. Once all your questions have been answered and you feel ready to go ahead with the procedure, you will be asked to sign the informed consent form. This is the final step in the decision-making process. However, you can still change your mind at any point before the procedure.

## How does a ganglion happen?

Ganglions usually form near joints. 3 in 4 ganglions form near the wrist. They are also found on your ankle and foot.



A ganglion on a wrist

The fluid in the ganglion comes from a joint or tendon through a narrow channel. Some ganglions

are found after an injury such as a sprain but most appear without a known cause.

## What are the benefits of surgery?

The lump and any discomfort from it should settle. Surgery gives the best chance of preventing the ganglion from coming back.

## Are there any alternatives to surgery?

A ganglion will often disappear or become less painful after a year or two. If your ganglion is not causing much trouble it is best to leave it alone.

The fluid can be taken out of the ganglion using a needle. This confirms that the lump is a ganglion and improves any discomfort for a while.

Your doctor may also inject the ganglion with a steroid (cortisone).

These treatments may help for a short time but the ganglion often comes back (risk: 3 in 5).

## What will happen if I decide not to have the operation?

Depending on where it is, a ganglion can press on a nerve, leading to weakness, numbness or pain. If this happens, it is best to have the ganglion removed. Most ganglions are not serious, and will often settle.

## What does the operation involve?

If your ganglion is near your wrist, remove any rings from your hand before you come into hospital.

The healthcare team will carry out a number of checks to make sure you have the operation you came in for and on the correct side. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

Various anaesthetic techniques are possible. Your anaesthetist will discuss the options with you. You may also have injections of local anaesthetic to help with the pain after the operation. The operation usually takes 15 to 30 minutes.

Some ganglions near your wrist can be removed by arthroscopy (keyhole surgery). Most are removed by a cut over the ganglion.



Your surgeon will separate the ganglion from the nearby tendons, nerves and blood vessels. They will remove the ganglion from where it comes out.

The place where the ganglion is actually removed could be a little way from where you can feel the main lump, so the cut may need to be larger than you expected.

Your surgeon will close your skin with stitches.

## What should I do about my medication?

Make sure your healthcare team knows about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

## What can I do to help make the operation a success?

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound.

- In the week before the operation, do not shave or wax the area where a cut is likely to be made.
- Try to have a bath or shower either the day before or on the day of the operation.
- Keep warm around the time of the operation. Let the healthcare team know if you feel cold.
- If you are diabetic, keep your blood sugar levels under control around the time of your procedure.

If you have not had the coronavirus (Covid-19) vaccine, you may be at an increased risk of serious illness related to Covid-19 while you recover. Speak to your doctor or healthcare team if you would like to have the vaccine.

## What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

Some complications can be serious.

You should ask your doctor if there is anything you do not understand.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

## General complications of any operation

- Bleeding during or after the operation.
- Infection of the surgical site (wound). It is usually safe to shower after 2 days but you should check with the healthcare team. Keep your wound dry and covered. Let the healthcare team know if you get a high temperature, notice pus in your wound, or if your wound becomes red, sore or painful. An infection usually settles with antibiotics but you may need special dressings and your wound may take some time to heal. In some cases another operation might be needed. Do not take antibiotics unless you are told you need them.
- Allergic reaction to the equipment, materials or medication. The healthcare team is trained to detect and treat any reactions that might happen. Let your doctor know if you have any allergies or if you have reacted to any medication or tests in the past.
- Chest infection. If you have the operation within 6 weeks of catching Covid-19, your risk of a chest infection is increased (see the 'Covid-19' section for more information).

## Specific complications of this operation

- Damage to an artery if the ganglion is on the front of your wrist (risk: 1 in 8). You may need another operation.
- Damage to small nerves near the ganglion. You may get a small patch of numb skin or a painful scar (risk: 1 in 15). This usually gets better but may be permanent.



- Continued aching where the ganglion was (risk: 1 in 8 if the ganglion was near your wrist).
- Severe pain, stiffness and loss of use of your arm or leg (complex regional pain syndrome). The cause is not known. You may need further treatment including painkillers and physiotherapy. Your arm or leg can take months or years to improve. Sometimes there is permanent pain and stiffness.

## Covid-19

A recent Covid-19 infection increases your risk of lung complications or death if you have an operation under general anaesthetic. This risk reduces the longer it is since the infection. After 7 weeks the risk is no higher than someone who has not had Covid-19. However, if you still have symptoms the risk remains high. The risk also depends on your age, overall health and the type of surgery you are having.

You must follow instructions to self-isolate and take a Covid-19 test before your operation. If you have had Covid-19 up to 7 weeks before the operation you should discuss the risks and benefits of delaying it with your surgeon.

## Consequences of this procedure

- Pain. The healthcare team will give you medication to control the pain and it is important that you take it as you are told so you can move about as advised.
- Unsightly scarring of your skin. This can sometimes be a problem if the scar is on the front of your wrist.

## How soon will I recover?

### In hospital

After the operation you will be transferred to the recovery area and then to the ward.

It is important to keep your arm or leg raised so that the swelling settles. You should be able to go home the same day. However, your doctor may recommend that you stay a little longer.

If you do go home the same day, a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours. Be near a telephone in case of an emergency.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

## Returning to normal activities

Do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination.

If you had a general anaesthetic or sedation, you should also not sign legal documents or drink alcohol for at least 24 hours.

The healthcare team will tell you when you can return to normal activities. Any joint stiffness should settle quickly.

Keep your wound dry for 4 to 5 days, and use a waterproof dressing when you have a bath or shower.

The healthcare team will tell you if you need to have any stitches removed or dressings changed.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Do not drive until you can control your vehicle, including in an emergency, and always check your insurance policy and with the healthcare team.

Ask your healthcare team if you need to do a Covid-19 test when you get home.

## The future

The scar can look thick for a few months, especially if it is on the front of your wrist. The joint where the ganglion was can continue to ache. This may happen because of wear and tear of the joint itself.

Some ganglions come back after a few months or years (risk: 1 in 10).

## Summary

A ganglion is not serious. If it is causing problems, your surgeon can remove it.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed



decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

#### Acknowledgements

Reviewer: Stephen Milner (DM, FRCS (Tr & Orth))

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