



GANGLION EXCISION

Patient Information, Consent and Recovery Guide



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*This leaflet is designed to support, not replace, your conversation with Miss Edwards.
There is a list of questions you may find it useful to ask later in this leaflet.*

Written by Miss Alison Edwards, Consultant Hand Surgeon. Published: September 2026. Next review due: September 2028.

About the condition

A ganglion cyst is a non-cancerous, fluid-filled lump that develops near a joint or tendon in the hand or wrist. It arises from the joint capsule or the tendon sheath, and is filled with a thick, jelly-like fluid similar to the fluid that lubricates your joints. Ganglions are the most common lump seen in the hand and wrist, but they are not the only kind of swelling that occurs there.

They appear in several places, and where they sit affects how they behave and how they are treated:

- **Wrist ganglion** — most often on the back of the wrist, arising from the wrist joint capsule
- **Flexor sheath ganglion** — a small, firm, often tender pea-sized lump at the base of the finger on the palm side
- **Mucous cyst** — at the base of the fingernail, associated with osteoarthritis of the end joint of the finger; it can cause a groove or ridge in the nail

Typical features include:

- A visible lump under the skin, smooth and round or oval, and soft to firm
- Size that fluctuates — often larger with activity and smaller with rest
- Pain in some people and none at all in others; discomfort is often worse with movement of the joint
- Occasionally numbness, tingling or weakness, if the cyst presses on a nearby nerve

Diagnosis is usually made by examining the lump — its position, how it feels, and whether it limits movement. Shining a light through it (transillumination) helps confirm that it is fluid-filled. An X-ray is sometimes useful to look for arthritis or other conditions, particularly with a mucous cyst, and an ultrasound or MRI scan is only needed if the diagnosis is unclear.

Your treatment options

You have a genuine choice here, and it is important you understand all of the options, including doing nothing, before deciding.

Doing nothing (observation) is a very reasonable choice, and often the right one.

Many ganglions are harmless, and a good number disappear on their own over time — in UK follow-up studies, 42% of ganglions on the back of the wrist and 51% of those on the palm side had gone without any treatment (Dias et al., 2007; Dias and Buch, 2003). If the lump is not painful and is not limiting what you do, watching it is a perfectly sound plan. Activity modification, or a splint, can sometimes settle the symptoms. The trade-off is that the cyst may persist, fluctuate, or occasionally grow.

Aspiration — drawing the fluid out with a needle — is a simple option that can be done in clinic and gives immediate reduction in the size of the lump. Because the root of the cyst remains, it commonly refills — around 59% come back after aspiration, compared with around 21% after surgical excision (Head et al., 2015).

For a mucous cyst, **steroid injection** is a further option.

Surgery (excision) removes the cyst along with its root, which is what makes recurrence less likely, and is described below. It is worth considering when the cyst is painful, interferes with your activities, causes nerve symptoms, or — for a mucous cyst — when the skin over it keeps breaking down or the nail is being deformed.

The surgery — what it involves

An incision is made over the cyst. The cyst is carefully dissected away from the surrounding tissues, taking care to protect the nerves and blood vessels that lie close to it. The base, or stalk, of the cyst is then identified, and a portion of the joint capsule or tendon sheath it arises from is removed along with the cyst itself — this is the part that reduces the chance of it coming back. The skin is closed with stitches.

The operation is a **day case**, so you go home the same day. It can be done under local, regional or general anaesthetic; which suits you best depends on where the cyst is and on your own preference, and this is something to discuss at your consultation.

Miss Edwards' default is a **general anaesthetic for wrist ganglions**, and the operation takes approximately 30–40 minutes.

Benefits of surgery

- Removal of the lump itself
- Relief of pain and of any pressure on nearby nerves
- A lower chance of the cyst returning than with aspiration, because the root is removed as well
- For a mucous cyst, protection of the nail bed and of the skin over the cyst. The nail can begin to grow a normal shape again.

It is worth being realistic: complete relief of pain is not achieved in every case, and even after surgery a cyst can recur.

Risks and possible complications

As with any surgery, there are risks, although they are generally low:

- **Infection at the incision site — uncommon, at around 1 in 700 operations (Menendez et al., 2015)**
- **Nerve injury** — the nerves that supply sensation lie close to the cyst and can be damaged, causing numbness or tingling. Altered sensation around the scar is more common after removal of a cyst on the palm side of the wrist, where a small sensory nerve lies very close to it (Jacobs and Govaers, 1990).
- **Blood vessel injury** — uncommon
- **Recurrence — the cyst can come back even after surgical removal. Reported rates vary widely, from around 5% to around 20%, and depend a great deal on how long people are followed up for (Head et al., 2015; Crawford et al., 2018; Cluts and Fowler, 2022)**
- **Stiffness** or reduced movement in the nearby joint
- **Scarring** — a scar remains at the incision site, and can be tender or sensitive for a time.
- **Pain after surgery** — common in the early stages and usually well controlled with simple painkillers

Everyone's circumstances are different, and something that seems minor to one person may matter a great deal to another. Please tell Miss Edwards about anything on this list — or anything else — that particularly concerns you, so your discussion covers what matters most to you personally.

Your consent

Before you have surgery, Miss Edwards wants to be sure you have been able to make a properly informed decision, in line with GMC guidance on decision making and consent. This means:

- You have the right to be as involved as you want in decisions about your care, and to be given the time and support you need to understand your options.
- The alternatives to surgery — including observation, aspiration and doing nothing — and their benefits and risks, should have been discussed with you.
- Miss Edwards will try to understand what matters to you personally, not just the clinical facts.
- You can ask questions at any point, and you are welcome to bring someone with you to appointments.
- **You can change your mind at any time** — including after signing a consent form — right up until the moment surgery begins, without needing to give a reason.
- Your discussion and decision will be recorded in your notes, and you will be asked to sign a consent form on the day of surgery.
- You have the right to seek a second opinion if you would like one.

Questions you may want to ask your surgeon

It's easy to forget questions in the moment, so you may find some of these useful:

- Is this definitely a ganglion, and does it need treating at all?
- What are the chances it settles on its own if I leave it?
- Would aspiration be worth trying first in my case?
- How likely is it to come back after surgery, given where mine is?

- What nerves are close to it, and what would numbness mean for me day to day?
- How long will I be off work, given what my job involves?

On the day of surgery

- The operation is a day case. If it is under local anaesthetic you do not need to starve beforehand; if you are having a regional or general anaesthetic the hospital will send you fasting instructions, which you should follow carefully.
- Take your usual medications as normal unless you've been told otherwise; do let Miss Edwards know in advance if you take blood-thinning medication.
- Remove rings and nail varnish (including false nails) from the operated hand before you arrive. You may be asked to change into a gown.
- Your hand will be cleaned with antiseptic and covered with a sterile drape before starting.
- You will have a padded bandage on your hand afterwards.
- Miss Edwards recommends that you arrange for somebody to drive you home on the day.

Recovery and rehabilitation

The first 10 days

Your bandage stays on for 10 days and needs to be kept dry — there is no splint. Keep your hand elevated above heart level as much as you can; this is the single most effective thing you can do to limit swelling and discomfort. Use a cold pack wrapped in a cloth for 10–15 minutes, 2–3 times a day. Keep the fingers, and the joints outside the dressing, moving gently and often. Paracetamol and ibuprofen are usually enough for pain relief.

At 10 days

The bandage comes off and your stitches are removed. Most people can drive and go back to desk-based work at this point. Once the wound has fully healed, begin scar management: wash your hands, then massage the scar with an unscented moisturiser, vitamin E oil or silicone gel — small circles directly over the scar, then strokes along and across it — for a few minutes, 2–3 times a day. This keeps the scar soft and stops it sticking to the tissues underneath. Keep the scar out of the sun so it doesn't darken.

2–4 weeks

Work on getting the full movement back in the nearby joint, and gradually increase what you use the hand for. Some tenderness over the scar is normal at this stage and settles with time and massage. Manual work and sport are usually possible at 3–4 weeks. Hand therapy is sometimes recommended, particularly where the joint has stiffened, and Miss Edwards will arrange this if it is needed.

Beyond 4 weeks

Most people are back to normal use of the hand by this stage. The scar continues to soften and mature over several months. If the lump appears to be coming back, let us know — it is worth reviewing rather than waiting.

When to seek help

Contact the clinic promptly if you notice:

- Increasing redness, swelling, warmth, discharge or fever (signs of infection) — please contact us before anyone starts you on antibiotics
- Pain that is uncontrolled by the painkillers you've been given
- New numbness, weakness, or a change in your symptoms that concerns you
- A feeling that you are not recovering at the pace described here — we can arrange for you to see the hand therapist or Miss Edwards quickly

Summary Table: Recovery Milestones

Time after surgery	What to expect
First 10 days	Bandage on and kept dry; no splint; hand elevated; fingers kept moving
10 days	Bandage off and stitches out; driving and desk work; scar massage begins once healed
2–4 weeks	Movement and use built back up; manual work and sport at 3–4 weeks
Beyond 4 weeks	Normal use of the hand; scar continues to soften over several months

Contact details

Mendip Hand Clinic Practice Plus Group Hospital, Old Wells Road, Shepton Mallet, Somerset BA4 4LP

Bookings: 0330 818 8981

If you think anything in this leaflet is unclear or needs updating, please tell us using the contact details above. For further background on this condition, the British Society for Surgery of the Hand also publishes patient information at bssh.ac.uk/patients.

A final note

This leaflet is general information and does not replace individual advice. Your own risks, alternatives and expected recovery should be discussed personally with Miss Edwards, in line with GMC guidance on decision making and consent.

References

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