



**SURGERY**

# Seed Ganglion Excision

## *What does this involve?*

This involves removing the small lump on the front of the base of the finger (see 'Conditions we Treat'). The cyst is connected to one of the straps over the finger tendons and is a type of ganglion.

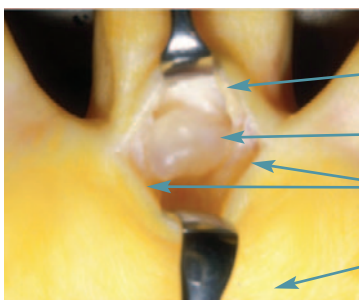
## *When is surgery needed?*

These cysts can come and go with time and many resolve without surgery.

It is possible to simply suck out the gel-like contents of the cyst with a needle through the skin (aspiration). At least 30% of the cysts come back after this procedure and there is always a risk of introducing infection into the area or damaging the local nerves.

Many patients find a persistent seed ganglion irritating as it is painful whenever they grip objects tightly. In these cases surgery might be considered.

## *A seed ganglion just before it is taken out in theatre*



Strap over tendons

Seed Ganglion

Nerves to the finger

Palm of the hand

Type of Operation	Day case
Length of Procedure	15 minutes
Anaesthesia	Local Anaesthetic



## What are the main risks of this operation?

### *Swelling, Stiffness and Scar pain*

This can be reduced by keeping the arm elevated and moving all the free joints as soon as possible. Local swelling around the surgical site can persist for several months. Local swelling can be helped by massaging the tissues and this may also improve any irritability in the surgical scar. Occasionally patients are troubled by more swelling and stiffness than average. In this case complex regional pain syndrome (CRPS) is sometimes the cause (see relevant information sheet in 'Conditions we Treat'). Severe CRPS occurs in less than 1% of cases.

### *Infection*

This is unusual in the hand (less than 1% of cases). Local wound infections can often be treated with oral antibiotics. Rare, deep seated infections may require re-admission to hospital, antibiotics into the vein and occasionally more surgery.

### *Nerve Damage*

The nerves most at risk with this operation are the small branches supplying the skin next to the scar.

Damage to the nerves to the finger is very unlikely (less than 0.1%) if this surgery is undertaken by an experienced hand surgeon.

### *Recurrence*

Seed ganglia can come back after they have been excised but this is less common than for other ganglia (for instance those at the wrist). Recurrence rates of less than 5% have been recorded with careful surgery.

## Post Operative Course

### *Day 1 and 2*

- A sticky dressing and padded bandage is applied to the finger after the operation
- Keep the dressings clean and dry
- Keep the arm elevated in a sling or on pillows to reduce swelling
- Start moving all the free joints immediately after the operation to prevent stiffness
- Take painkillers before the anaesthetic wears off and as necessary thereafter

### *Day 3 - 14*

- You can take off the padded bandage but keep/replace the sticky dressing over the wound to protect it.
- Keep the wound clean and dry
- Continue gently exercising the hand and wrist and start moving the joint next to the operation. You can use the hand for light activities but avoid heavy loading and prolonged periods with the hand dangling down below your waist.

### *Day 10 - 14*

- A wound check and removal of stitches should occur between 10 and 14 days after your surgery. The details will be arranged on the day of your surgery.
- Continue gradually increasing activities with the hand and wrist as comfort allows.
- Once the wound is completely sealed a daily session of 10 minutes massaging the scar with unscented hand cream is often useful to disperse swelling and desensitise the scar.

### *6 Weeks*

- Most people are back to normal activities by this stage although scar massage may still be useful

### *Post Operative Difficulties*

Contact your surgical centre at any stage if:

- Your fingers become more swollen, stiff or painful than you expect
- You see any discharge, wetness or detect any unpleasant smells from below your dressing

Outside normal working hours you may need to attend your local Accident and Emergency Department for help with these issues.

### *Driving*

You may drive when you feel confident to control the car, even in an emergency.

Many patients, particularly if they have had right sided surgery, find they can drive within a week of this operation. Left sided surgery (for the gear stick and hand brake) may take a little longer.

### *Time off Work*

This will vary depending on the nature of your job. A light desk job may only require a few days off work. If you have a very heavy job you may need longer off work. Discuss your individual requirements with your surgeon.

Sick notes can be provided on the day of your operation, at your clinic visits and by your own GP.