

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction
Division Of Prisons

SECTION: Clinical Practice Guidelines

POLICY # CP-19

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SUBJECT: Ganglion Cysts

EFFECTIVE DATE: July 2006

SUPERCEDES DATE: None

PURPOSE

To assure that DOP inmates with Ganglion cysts are receiving quality Primary Care

POLICY

All DOP Primary Care Providers are expected to follow this guideline and/or will document in the medical record any deviations from this guideline and the reasoning behind the need for deviation.

PROCEDURE

- I. Asymptomatic:
 - A. No treatment indicated
- II. Symptomatic: conservative therapy (first line)
 - A. Analgesics
 - 1. Acetaminophen
 - 2. NSAIDs
 - B. Short-term immobilization
 - C. Restrict from repetitive motion of the affected joint
 - D. Aspiration with or without steroid injection, at least twice
- III. Symptomatic: surgical therapy
 - A. Consider only if having moderate to severe symptoms uncontrolled by the above treatments
 - B. Inform patient that there is up to a 40% chance of recurrence after surgery

References

- 1. Dias J, Buch K. Palmer wrist ganglion: Does intervention improve outcome? A prospective study of the natural history and patient reported outcomes. J Hand Surg (Br) 2003; 2:172-6.
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- 3. Tallia A, Cardone D. Diagnostic and Therapeutic Injection of the Wrist and Hand Region. Amer Fam P 2003; 745.
- 4. Sheon R. Ganglia and nodules. UpToDate 2004
- 5. Korman J, Pearl R, Hentz V. Efficacy of immobilization following aspiration of carpal and digital ganglions. J-Hand-Surg-[Am]. 1992 Nov. 17(6). P 1097-9.



7/26/06

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