



Flexor sheath ganglion



What is it?

A ganglion is a thin walled cyst containing jelly like material. It can arise from a joint or tendon sheath. It is usually degenerative. Occasionally it may follow trauma. This ganglion is normally located at the base of the finger in the palm and may cause pain when gripping objects.



How is it diagnosed?

Flexor Sheath Ganglion is diagnosed on the basis of the history described above, and by clinical examination. If there is doubt an ultrasound scan can confirm.



What is my approach to treatment?

Aspiration carries a high recurrence rate and risks damage to the underlying digital nerve and/or artery particularly if not guided by ultrasound. The preferred treatment is open surgical excision.



What does an operation involve?

Surgery is normally carried out as a day case under local anaesthetic. A tourniquet is applied to the upper arm – similar to a blood pressure cuff. This provides a clear view of the operative field for surgery.

A V-shaped skin flap is elevated. The ganglion is identified and carefully dissected away from the flexor tendon sheath and underlying nerve and artery. A long acting local anaesthetic injection is then administered to provide pain relief. Finally, a dressing and bandaging are applied.





What is the recovery period?

Once the local anaesthetic has worn off, normally 6 to 8 hours, simple analgesics and anti-inflammatory tablets may be used for pain.

The hand should be kept elevated as much as possible during the first week after the operation, although finger movements are to be encouraged. A high arm sling may be useful for this purpose.

Bandaging is reduced after 5 to 7 days. Sutures are removed in the clinic after two weeks. It should then be possible to wet the hand. Prior to this it's possible to shower by keeping the extremity dry with a plastic bag secured over the limb using an elastic band or a purpose made shower cover.

Most pain and swelling will have settled within four weeks after surgery.

Driving is usually possible after seven days.

When a patient is ready to return to work depends on their specific job role and may also vary from individual to individual. It may be possible to return to light keyboard work towards the end of the first week. Heavy manual work should be avoided for 3 to 4 weeks.



Are there any possible complications?

Over 95% of patients are satisfied with the final result.

However, as with any treatment, there are always risks involved: infection: 2%, chronic regional pain syndrome: 2%, recurrence: 10%



Insurance fee assured:



HCA Healthcare uk

Member of:



0208 0884500

The London Hand Clinic



contact@thelondonhandclinic.com