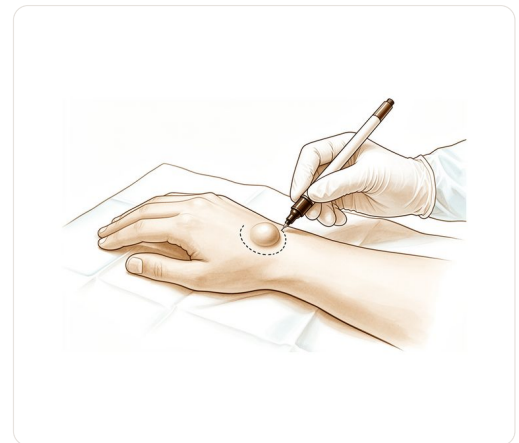


INFORMATION & CONSENT

Wrist Ganglion Excision

A typical dorsal wrist ganglion: a firm, smooth, fluid-filled lump that grows out of one of the small wrist joints. Excision removes the cyst together with the stalk that connects it back to the joint, lowering the chance of it returning.

Kieran Hirpara © ① ④ 4.0



At-a-glance recovery. Pooled from 61 published studies — your own pace will vary.

LIGHT DUTIES	MOST EVERYDAY ACTIVITIES	FINAL OUTCOME PLATEAU
desk work, driving, daily tasks	manual work, sport, gym	pain and strength
1-3 weeks	6-12 weeks	12 months
Most people go back to desk work within one to three weeks, and some go back sooner. Driving usually waits two to three weeks, until you can hold the steering wheel firmly and without pain.	Heavy gripping, lifting and sport are built back up from about four to six weeks. Heavy work that loads the wrist can take up to three months, and a few people have pain for longer.	Maximum recovery and plateau of patient-reported outcomes are typically attained by 12 months post-surgery.

Why this operation has been suggested

Dr Kieran Hirpara, an upper-limb surgeon at Mater Private Hospital Rockhampton, starts with the least invasive options that suit your condition. A wrist ganglion is a fluid-filled lump near the wrist joint. Removing it is called excision. Patients are generally referred to our clinic by their GP; if a physiotherapist has suggested you see us, you will still need a referral from your GP in order to be eligible for the Medicare rebate. At your visit we take a history, examine your wrist and arrange imaging if it is needed.

Most wrist ganglions are first treated without surgery. We usually try activity change, hand therapy, splinting or draining the lump with a needle. Surgery comes next when those steps have not given you enough improvement. About 40% of wrist ganglions shrink on their own over the first 6 years, so waiting is often reasonable at first. Draining the lump with a needle usually does not stop it coming back, while surgical removal has about a 10% recurrence rate. The operation aims to remove the lump and ease your pain so your wrist works well again.

Before the operation

Most people need little preparation. You will be told not to eat or drink for 7 hours before surgery. We ask for 7 hours rather than the usual 6 so you can be brought forward if the theatre list runs early. Your surgeon will tell you which medicines to stop and when, and you should bring a list of everything you take. Arrange for someone to drive you home afterwards, and wear loose, comfortable clothing. Imaging such as an X-ray, ultrasound or MRI scan may already have been done to plan the operation. If you have other medical conditions, you may need blood tests or a review with the anaesthetist.

On the day

You arrive at the hospital's surgical admissions unit, where you are checked in and prepared for theatre. You meet the anaesthetist there. This operation is done under general anaesthetic. You will be fully asleep for the operation. Some patients may also have a regional nerve block for post-operative pain relief; the anaesthetist decides on the day based on your individual circumstances. You are then taken into the operating theatre, where the operation is performed.

You wake up in the recovery area, where nurses monitor you while the anaesthetic wears off. Once you are stable, you either go to the ward or go home, depending on the procedure and your recovery. Most people go home the same day. If you do go home, someone must drive you, as arranged before surgery. You will be given instructions about caring for your wrist and about your follow-up visit before you leave.

What the operation involves

The operation removes the ganglion, which is the fluid-filled lump, along with the small stalk that connects it to the wrist joint. Removing that stalk matters, because leaving it behind makes the lump more likely to grow back.

Where your surgeon works depends on where the lump sits. For a lump on the back of the wrist, the operation is done through two or three small keyhole cuts, each about 1 cm long. A thin camera is passed into the wrist joint so the surgeon can see inside and remove the lump and its stalk. For a lump on the palm side of the wrist, the operation is done through one open cut over the lump. The surgeon carefully separates the lump from nearby structures. On the palm side, the lump often sits close to an artery that supplies blood to the hand, and sometimes wraps around it, so this part of the operation is done slowly and gently. Your surgeon will also check beforehand that blood flow to your hand is healthy through both of its main arteries.

Once the lump is out, the cuts are closed with stitches. A dressing goes over the top, and you keep that dressing on for about 10 days. Your surgeon will encourage you to start moving your wrist early, within the first 2 weeks after surgery, because gentle movement helps prevent stiffness.

After the operation

This is usually a day case, so you can expect to go home the same day, although occasionally patients stay overnight. Someone should stay with you for the first 24 hours. You may feel some pain around the cuts; simple pain relief usually settles it. Keep your hand raised on a pillow when resting to ease swelling. You can move around the house as soon as you feel steady, and gentle wrist movement is encouraged early. We leave the dressing on for about 10 days; please do not take it off before then unless we tell you to. We change or remove it when we see you. Most people are driving again within two to three weeks, once they can hold the wheel comfortably.

Recovery

For the first few days your wrist will be sore and a little swollen around the cuts. Simple pain relief usually settles this, and keeping your hand raised on a pillow helps the swelling go down. The discomfort eases steadily over the first couple of weeks.

You will keep the dressing on for about 10 days, and we change or remove it when we see you. Gentle wrist movement starts early, within the first 2 weeks, because moving soon helps prevent stiffness. Hand therapy after surgery is with Ruby Doolan at Extend Rehabilitation. Your hand therapist will guide your exercises and check your movement and grip as they return. You can move around the house as soon as you feel steady, and you will use your hand for light tasks as comfort allows.

As the swelling settles, everyday activities become easier. Once you can grip without pain, you will find writing, eating and dressing feel normal again. Driving usually resumes within two to three weeks, once the wound is comfortable and you can hold the wheel comfortably; see our page on driving after upper-limb surgery. Most people are back at their usual work and activities as movement and strength return.

Recovery varies between individuals, so your timeline may differ. Your surgeon and your hand therapist will guide you at each visit, and you can expect steady improvement as your wrist settles.

What can go wrong

Most patients do well, but problems can occasionally happen. Your surgeon and the team monitor you closely to spot any issue early.

The lump can grow back after surgery. You might notice the same soft bump returning near your wrist, sometimes weeks or months later. If you see or feel it coming back, bring it up at your next review. Your surgeon can talk you through the options if it needs further treatment.

Some people are left with pain in the wrist after the operation. This is more likely if your wrist was painful before surgery, or if your job or sport needs strong, forceful bending back of the wrist. The pain can feel like a deep ache that flares with activity and does not fully settle with simple painkillers. Some people also find their hand does not work as smoothly as they hoped, with grip or daily tasks feeling harder than before. If pain or

weakness lingers past the early healing period, tell your surgeon at review so hand therapy or other steps can be considered.

Injury to the tendons that straighten the fingers is a rare problem during keyhole surgery on the back of the wrist. You would notice this as trouble straightening one or more fingers, or a finger that hangs lower than the others. If you cannot straighten a finger properly, contact the clinic straight away.

For a lump on the palm side of the wrist, there are rare problems linked to where the lump sits near an artery that supplies blood to the hand. Warning signs include a hand that looks pale, blue or cooler than usual, or numbness and tingling that will not settle. If you notice any of these, go to the emergency department rather than waiting.

The complications table on this page lists typical rates if you want the specifics.

When to call us

Call us if you have a fever, or the skin around your cuts becomes more red, swollen or starts leaking fluid. Call us if your pain keeps getting worse instead of easing, or if you cannot straighten a finger. Go to emergency if your hand turns pale, blue or feels cold, if you lose feeling in your hand, or if you cannot move it. Also go to emergency if you have calf swelling or shortness of breath.

Where to read more about the condition

This page is about the operation itself. The condition it treats, including what the evidence shows about when surgery helps and when it does not, is covered in more detail on the [Wrist Ganglia](#) page.

Wrist Ganglion Excision

Complication rates from published literature

Pooled from 61 published studies. These are population-level rates, not your individual risk — your surgeon will discuss what applies to you.

COMPLICATION	REPORTED RATE	NOTES
Persistent pain	19-47%	Persistent pain at 4 weeks occurs in approximately 14%, more common in patients whose activities require forceful wrist extension; pain typically improves over 3-6 months.
extensor tenosynovitis	11%	Reported specifically in arthroscopic resection series.
Ganglion recurrence	6-40%	On average about 1 in 5 ganglia return after removal, fewer in some keyhole series. Studies that followed patients for five years or more report up to about 4 in 10, and many recurrences never need another operation.
Stiffness or reduced range of motion	4-10%	Wrist and finger stiffness can occur particularly with prolonged immobilization; most patients regain normal or near-normal motion within 3-6 months.
Hypertrophic scarring	3-12%	Although incisions are small (3-5mm), hypertrophic scars or keloids can develop in predisposed individuals.
wound dehiscence	3-6%	Superficial wound dehiscence reported in pediatric cohorts and general surgical series.
Nerve injury	2-12%	Includes injury to superficial sensory nerves causing numbness, painful neuroma, or hypersensitivity; most are temporary stretch injuries recovering over 3-6 months.
Haematoma	2-9%	Bleeding or haematoma formation can occur particularly in patients on anticoagulation; most resolve spontaneously.
Failure to achieve the procedure	1.16%	In 1.16% of cases the intended procedure cannot be completed due to anatomical variation, dense scarring, or technical difficulty; conversion to open surgery may be required.

COMPLICATION	REPORTED RATE	NOTES
Infection	1-6%	Infection is rare; superficial infections respond to oral antibiotics while deep infections or septic arthritis may require arthroscopic washout.
Cartilage injury	0.5%	Iatrogenic cartilage damage from instruments or portal placement; significant injuries may require additional procedures.
Tendon injury or rupture	Rare	Extensor tendon damage during excision.
Scapholunate ligament injury	Rare	Risk during dorsal ganglion excision near the SL ligament.
synovial fistula	Rare	Rare complication associated with recurrent dorsal wrist ganglion excision and extensive capsular excision.
giant cell reaction	Rare	Reported complication in pediatric populations following excision.

I have read this information and have had the opportunity to ask Dr Hirpara questions about the procedure, its expected recovery, and the complications listed above.

PATIENT – PRINT NAME

SIGNATURE

DATE