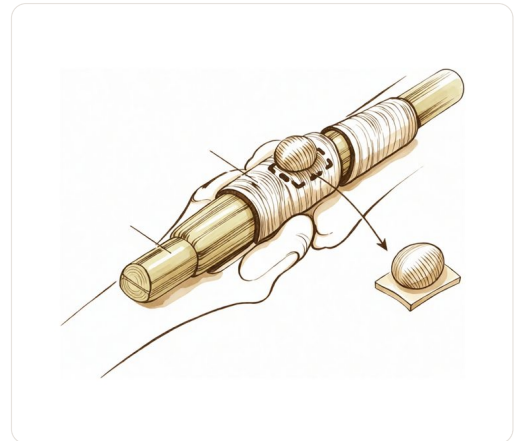


Flexor Tendon Sheath Ganglion Excision

A flexor sheath (pearl-seed) ganglion arises from the fibrous sheath of a flexor tendon — a small, firm bump that can be tender against gripping. A minor operation removes the cyst from the sheath.

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At-a-glance recovery. Pooled from 42 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
2-6 weeks	3-6 months	12 months
Significant increases in function and decreases in pain are typically observed within 6 weeks after arthroscopic resection.	Return to full strength and manual work is generally achieved by 3 to 6 months, though some patients may experience residual pain longer.	Maximum recovery and plateau of patient-reported outcomes are expected within the first post-operative year.

Why this operation has been suggested

This operation is an open removal of a fluid-filled sac from the tendon sheath in your hand or wrist. Your surgeon likely suggested this because you have persistent pain or stiffness that has not improved with non-surgical options like aspiration. While about 40% of wrist ganglions shrink on their own over six years, most return after needle drainage. Surgery offers a much lower chance of the cyst coming back, with a recurrence rate of about 10%.

The procedure uses a single conventional incision to remove the sac and prevent it from refilling. This approach aims to relieve your pain and restore full function to your hand. Although surgery leaves a scar and carries some risk, it is the most effective way to stop the problem from returning when other treatments have failed.

Before the operation

Please fast for six hours before your surgery and stop any blood-thinning medicines as your surgeon advises. Arrange for someone to drive you home and bring a list of all your current medications. You may need an X-ray, MRI, or blood test to confirm the diagnosis and check your health. Your surgeon will perform an open operation using a single small cut over the cyst. This approach removes the ganglion and drains it fully to lower the chance of it returning. Wear comfortable clothing and arrive ready for a quick anaesthetic review. Most patients find this preparation simple and straightforward.

On the day

You will arrive at the hospital and meet your surgeon and the anaesthetist. They will review your health and answer any questions you have before you go to the operating theatre. 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.

Your surgeon will make a single cut over the area needing treatment to remove the ganglion. You will wake up in the recovery room as the effects of the anaesthetic wear off. You may feel sleepy or groggy, and your team will monitor you closely until you are ready to go home or to your ward.

What the operation involves

Your surgeon will make a single cut over the area where your ganglion cyst is located. This is an open approach, meaning they work directly through this one incision rather than using small keyhole cameras. They will carefully remove the cyst and any connecting tissue that allows fluid to leak from your joint or tendon sheath.

If the cyst is pressing on a nerve, your surgeon will gently free the nerve from the surrounding tissue to restore its function. They may also treat any underlying joint issues at the same time to help prevent the cyst from returning. Once the cyst is removed and the area is cleared, your surgeon will close the cut with stitches.

This procedure is designed to remove the fluid-filled sac and address the source of the problem in one session. The exact length of time the operation takes depends on the specific location and complexity of your case.

After the operation

You will wake up in the recovery ward. Your surgeon will manage your pain to keep you comfortable. You will have a bandage over your incision, and you may wear a simple splint or brace for support. This is usually a day case, so you can expect to go home the same day, although occasionally patients stay overnight. You must have someone stay with you for the first 24 hours. You can gently move your fingers and hand right away. Your surgeon will give you specific instructions on how to care for your wound at home.

Recovery

After your open surgery, you will likely feel some pain and swelling around the incision. This is normal as your body heals. Your surgeon may advise you to keep the area elevated and use ice packs to ease the discomfort. You might notice stiffness in the joint, which is expected while the tissues repair themselves.

You will need to follow specific instructions for your wound care and movement. Your surgeon may recommend gentle exercises to keep the surrounding muscles active without stressing the repair. You will likely wear a splint or bandage for a short time to protect the site. As the swelling settles and movement returns, you can gradually resume daily tasks like eating or writing. You will know you are ready to drive once your surgeon clears you and you can grip the wheel without pain.

Your recovery journey is unique. Some people feel better quickly, while others take more time to regain full strength. Your surgeon and physiotherapist will guide you on when to increase your activity levels. Trust your body and follow their advice to ensure the best outcome.

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.

You might notice the lump returning at the same spot. This is called a recurrence. It can happen even after surgery to remove the cyst. If the swelling comes back, tell your surgeon so they can check it.

Sometimes the area around your incision becomes red, warm, or very tender. You might feel a deep pain that does not ease with simple painkillers. These signs could mean an infection is starting. Call the clinic right away if you see these changes.

In rare cases, you might feel a sudden change in how your hand moves or feels. You could notice weakness, numbness, or a strange clicking sound near the wound. This might happen if a nearby nerve or blood vessel is affected. Bring this up immediately at your next review or go to the emergency department if it happens suddenly.

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

When to call us

Call us if you develop a fever, increasing redness, or discharge from your incision. Contact your surgeon immediately for sudden severe pain, new numbness, or if you cannot move your hand. Go to the emergency room if you notice calf swelling or shortness of breath. These signs could indicate infection or a blood clot. Your surgeon wants to see you quickly if any of these happen.

CQ HAND + UPPER LIMB

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Flexor Tendon Sheath Ganglion Excision

Complication rates from published literature

Pooled from 42 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	23%	Postoperative residual pain reported in up to 23% of arthroscopic cases.
extensor tenosynovitis	10.9%	Specific complication noted in arthroscopic resection of dorsal wrist ganglia.
Tendon adhesions and stiffness	10%	Scarring of the flexor tendon to surrounding tissue can result in finger stiffness and decreased grip strength, potentially requiring tenolysis.
Recurrence	6-21%	The ganglion may recur after surgical excision in 0-4% of cases, significantly lower than aspiration (33-60%); complete excision with a cuff of tendon sheath minimizes recurrence risk.
delayed wound healing	5.6%	Reported in pediatric populations and systematic reviews.
Scar tenderness	4-8%	The scar in the palm may be tender or itchy, occurring in approximately 4% of cases and typically resolving with hand therapy and desensitization exercises within 3-6 months.
hypertrophic scarring	2.9%	Reported in arthroscopic dorsal wrist ganglion resection.
Digital nerve injury or paresthesias	2-8%	Transient paresthesias occur in approximately 4% and usually resolve spontaneously; permanent digital nerve injury is rare (less than 1%) but can cause permanent numbness or painful neuromas.
Wound complications	1-6%	Wound infection or dehiscence may occur, requiring antibiotics, wound care, or resuturing.
Residual clicking or snapping	Rare	Slight clicking sensations may persist from other causes such as snapping of collateral ligaments or subluxation of lateral bands of the extensor tendon.
Cold sensitivity	Rare	Cold intolerance in the operated digit can occur, typically improving over 6-12 months but occasionally persisting longer.

COMPLICATION	REPORTED RATE	NOTES
Loss of grip strength	Rare	Temporary weakness is common for 2-4 weeks after surgery, with most patients regaining full strength by 6-12 weeks.
Incomplete excision	Rare	If the entire ganglion and surrounding cyst-bearing tendon sheath are not excised, microscopic cysts may develop into symptomatic ganglia requiring revision.

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