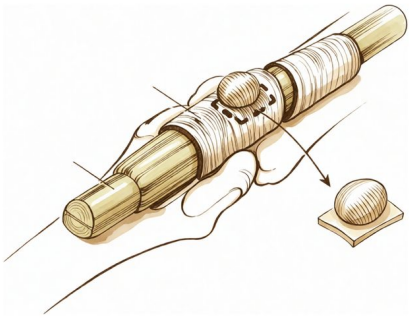
CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

INFORMATION & CONSENT

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 5 published studies — your own pace will vary.

LIGHT DUTIES desk work, driving, daily tasks	MOST EVERYDAY ACTIVITIES manual work, sport, gym	FINAL OUTCOME PLATEAU pain and strength
a few days	**3 weeks**	**3 months**
Most people are back to light everyday use of the hand within a few days. The cut is small, there is no splint and no tendon or bone has been repaired, so gentle movement is encouraged straight away.	Dr Hirpara's guidance is that gripping, lifting and manual work can usually resume at around three weeks, once the wound is comfortable and the stitches are out.	Any lingering tenderness in the scar, or a patch of numbness beside it, usually settles by about three months, which is when the finger tends to feel completely normal again.

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. 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 appointment we take a history, examine your hand, and arrange imaging if it is needed to confirm the lump is a ganglion.

A flexor tendon sheath ganglion is a small, harmless lump filled with thick fluid. It sits next to the tunnel of tissue that the tendons in your finger slide through. This operation removes that lump through a single cut made over the area being operated on.

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Most ganglions are treated without surgery first. A needle can be used to draw the fluid out, and this is usually tried before an operation is suggested. Some ganglions also shrink on their own, and in children a cyst that settles usually does so within 18 months.

Surgery is offered when the lump keeps causing trouble after these simpler steps. That might be pain, weakness of grip, or a lump that catches when you move your finger. Removing the ganglion aims to take away that pain and let your finger and hand work as they should.

Before the operation

Your surgeon will confirm the plan at your appointment and tell you what to do to get ready. You will be asked 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. You may need to stop some of your regular medicines before the operation. Your surgeon will give you exact instructions about this, so bring a list of everything you take. Arrange for someone to drive you home afterwards, and wear comfortable, loose clothing. Imaging such as an X-ray, ultrasound or MRI scan may be used 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 will 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. Afterwards you wake up in the recovery area, where nurses watch over 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.

What the operation involves

This operation removes the ganglion through a single cut made over the lump. Your surgeon works carefully around the tunnel of tissue that your finger tendons slide through, and takes out the ganglion together with the small stalk that connects it to that tunnel. Removing the whole lump, including its base, helps lower the chance of it coming back.

The cut is closed with stitches. A dressing goes over the wound before you leave theatre.

Your surgeon will also check the surrounding tissues during the operation. If any part of the tendon has been weakened by the ganglion pressing on it, that tendon is protected and kept intact.

After the operation

This is usually a day case, so you can expect to go home the same day, although occasionally patients stay overnight. You wake up in the recovery area, where nurses keep an eye on you while the anaesthetic wears off. Your hand will have a soft dressing over the wound, and we will give you pain relief to keep you comfortable. You can move around as soon as you feel steady. Someone should stay with you for the first 24 hours after you get home. 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.

Recovery

Your hand will be sore and a little swollen for the first few days. This settles gradually. Keeping your hand raised on a pillow, even while you sit or sleep, helps ease the swelling and discomfort. The pain relief we give you will keep you comfortable while the worst passes.

You go home with a soft dressing over the wound. We leave it on for about 10 days and change or remove it when we see you. Your finger and hand can move gently within the comfort of the dressing. You will not need a cast or a brace.

Hand therapy after surgery is with Ruby Doolan at Extend Rehabilitation. Ruby is a hand therapist, so she will guide your exercises and make any splint you might need. The exercises keep your finger moving and stop it from stiffening as the wound heals. You do them at home, little and often.

Everyday tasks come back in stages. Once the wound is comfortable and you can grip and turn a steering wheel without protecting your hand, you can usually drive again. You can read more on our page about driving after upper-limb surgery. Work depends on what your job involves, and your therapist will advise you when your hand is ready.

Recovery varies from person to person. Your timeline may differ, and your surgeon and hand therapist will guide you along the way.

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.

Sometimes the lump comes back at the same spot. You would feel or see a small, firm swelling near the old scar. If you notice this, bring it up at your next review.

Nerves run close to the area being operated on. A nerve can be bruised or irritated during surgery. This can feel like tingling, pins and needles, or a patch of numb skin near the cut. Most of this settles, but sometimes a small tender spot or nodule forms where the nerve was affected. Tell your surgeon at review if you have numbness or tingling that is not settling.

The small nerves and blood vessels that run along the side of the finger lie close by. Injury to them is uncommon, but it is something your surgeon watches for during the operation.

The wound can become infected. Watch for redness that spreads out from the cut, increasing pain, warmth, or fluid leaking from the wound. You might feel feverish. If you see any of these signs, call the clinic straight away or go to the emergency department if it is after hours.

Blood can collect under the wound after surgery. This looks like a firm, tender swelling that appears in the first day or two. If it is large or painful, it may need to be drained in theatre. Call the clinic if you notice this.

The scar can become raised, thick and red as it heals. This is called a hypertrophic scar. It can feel firm and sometimes itchy. Mention it at your review, as treatment can help.

The tendon lining near the wound can become inflamed. This feels like creaking or clicking when you move your finger, with tenderness along the tendon. Bring this up at your next review.

Your finger or wrist can also feel stiff for a while. Gentle movement and your hand therapy exercises help prevent this. If stiffness does not improve, tell your therapist or surgeon.

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

When to call us

Most problems are picked up at review, but some need attention sooner. Call us if you have a fever, spreading redness around the cut, or fluid leaking from the wound. Call us if pain suddenly gets worse, or if a firm, tender swelling appears near the cut in the first day or two. Go to emergency if you have calf swelling or pain, or shortness of breath. These can be signs of a blood clot. Call us as well if your fingers become numb, cold or pale, or if you cannot move your finger or hand when you would expect to. If it is after hours, go to the emergency department.

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 Flexor Tendon Sheath Ganglion page.

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COMPLICATIONS & CONSENT

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Complication rates from published literature

Pooled from 5 published studies. These are population-level rates, not your individual risk — your surgeon will discuss what applies to you.

COMPLICATION	REPORTED RATE	NOTES
Recurrence	**0-2%**	Recurrence after excision is uncommon when the cyst is removed with a surrounding 1 to 2 mm cuff of tendon sheath. The two dedicated surgical series reported no recurrences at all (0 of 25 ganglions at a mean of 18.5 months, and 0 of 34 followed from 3 months to 3 years); a third series reported about 2%.
Overall minor complications	**8%**	Two minor complications occurred among 25 excisions, both of which resolved uneventfully. No major complications were reported in either dedicated surgical series.
Scar or incisional tenderness	**4%**	One patient of 25 had mild incisional tenderness, which resolved completely after a short course of hand therapy.
Digital nerve paraesthesia	**4%**	One patient of 25 developed paraesthesia in both the radial and ulnar digital nerve distributions of the operated finger, with complete resolution within one month. The digital nerves lie immediately either side of the cyst and are isolated and protected during excision.
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.
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.

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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

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