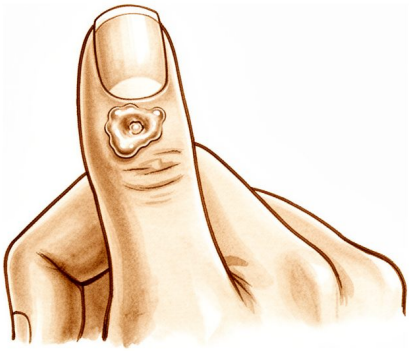
CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

PATIENT INFORMATION — IN DEPTH

Mucous Cyst

A mucous cyst on the thumb: a small fluid-filled bump that arises from the worn-out joint at the tip of the finger or thumb.



What you're feeling

You may notice a small, fluid-filled lump on the top of your finger, usually near the last joint. This is a mucous cyst. It often sits right where your fingernail meets the skin. The lump can feel firm or squishy. It might look shiny because the skin over it is stretched thin.

Pain is not always present, but when it is, it tends to be a dull ache. You might feel tenderness when you press on the cyst. The pain often flares up after you have been using your hand a lot. Activities that involve gripping or pinching can make the discomfort worse. You might also notice stiffness in the joint, especially when you first wake up in the morning.

Daily tasks can become difficult because of the location of the cyst. You may find it hard to button your shirt or handle small objects like coins or keys. The cyst can interfere with your ability to type or write comfortably. If the cyst grows large, it can press on the nail bed. This may cause grooves or ridges to form in your fingernail as it grows. The nail might also become discolored or misshapen.

Some people experience a sensation of pressure or fullness in the fingertip. This can make the finger feel bulky or awkward. You might avoid using that hand for certain tasks to prevent irritation. If the skin over the cyst becomes very thin, it may feel sensitive to touch. In rare cases, the cyst can drain clear fluid if it bursts. This is not common, but it can happen if the area is bumped or rubbed frequently.

The symptoms often come and go. You might have periods where the cyst is small and barely noticeable, followed by times when it swells up. This fluctuation can be frustrating. You may worry about the appearance of the lump or the potential for it to grow larger. Understanding these common experiences can help you prepare for your next visit with your surgeon.

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What's actually happening

A mucous cyst is a small, fluid-filled sac that forms on your finger. It usually appears near the tip of your finger or under your fingernail. The fluid inside is thick and sticky, similar to the lubricant that keeps your joints moving smoothly. This sac pushes against the skin, creating a visible bump that can sometimes feel tender or uncomfortable.

The root cause lies in the joint itself. As you age, the cartilage that cushions your finger bones wears down. This wear-and-tear process is called osteoarthritis. When the cartilage thins, your body tries to repair the damage by growing extra bone. These bony growths are called osteophytes. Think of them like rust or rough edges forming on a hinge that has been used heavily for years.

These bony spurs irritate the joint lining. In response, the joint produces excess fluid to protect itself. The pressure from this fluid forces a weak spot in the joint capsule to bulge outward. This bulge becomes the cyst you see on the surface. Because the cyst is connected directly to the joint, it is essentially a leak from the inside out.

The presence of these bony spurs is key to understanding why the cyst forms. The osteophytes act like a pump, constantly pushing fluid into the sac. If you only remove the visible bump without addressing the bony spur underneath, the pressure remains. The fluid will likely refill the space, causing the cyst to return. This is why treating the underlying bone issue is often more important than just removing the skin bump.

In some cases, the cyst can press on nearby structures. If it grows under the nail, it may cause grooves or ridges in your nail plate as it pushes against the nail root. If it presses on a nerve, you might feel tingling or pain. However, the primary issue is always the joint wear and the resulting bony growths. Removing these spurs reduces the pressure, allowing the joint to settle and the cyst to resolve.

What we can do about it

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. We begin with a full assessment, including your history, a physical examination, and imaging if needed, to confirm the diagnosis. For long-standing or degenerative issues, we usually start with non-operative care. This includes changing your daily activities, hand therapy, splinting, and injections. We consider surgery only if these steps do not provide enough improvement.

You can start by protecting the area. Avoid repetitive pressure on the cyst. Keep your hand moving gently to maintain flexibility. Physiotherapy aims to reduce stiffness and keep the joint working smoothly. Give this approach a few weeks to show results. If pain persists, we may discuss medication. Over-the-counter pain relievers or anti-inflammatories can help manage discomfort. We also offer corticosteroid injections. These are delivered into the joint space to reduce swelling and calm inflammation. This approach is simple and minimizes risks to the surrounding skin and soft tissues. The effect varies, but it often provides relief for several months.

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If conservative care does not resolve the issue, or if the cyst causes significant pain or deformity, we discuss surgical options. Surgery is considered when non-operative measures have reached their limit. The goal is to remove the cyst and the underlying bone spur that causes it. Removing the bone spur is key to preventing the cyst from returning. In our practice, we aim for a solution that allows you to return to your normal activities with minimal downtime. We review the best approach for your specific case during a shared decision-making conversation.

What to expect

Mucous cysts are fluid-filled lumps that form near the end joint of your finger. They are linked to wear-and-tear arthritis in that joint. Without treatment, these cysts often persist or grow slowly. They may cause discomfort, make your fingernail look uneven, or weaken the skin over the lump. Because they are connected to the joint, they rarely disappear on their own.

If you choose surgery, the outlook is generally very positive. The goal is to remove the cyst and the bony spur (osteophyte) causing it. When your surgeon removes both the cyst and the bone spur, recurrence is extremely rare. Some techniques, such as using a local skin flap, show a low recurrence rate of 1.4%. Other methods, like removing only the bone spur without removing the cyst itself, can also lead to complete resolution in most cases. This approach is less invasive and may be suitable for some patients.

You can expect high satisfaction with the cosmetic result after surgery. Many patients report being happy with how the scar looks and would choose the procedure again. In some cases, your surgeon may use a special skin flap, such as a Zitelli bilobed flap, to cover the area safely without risking damage to your nail matrix. If an intraneural mucoid cyst is present, surgical treatment can also result in a successful outcome.

Recovery involves letting the skin heal and the joint settle. While specific timelines depend on your individual healing, most people find that the visible lump disappears and the finger function improves. It is important to understand that the underlying arthritis remains, but removing the cyst and bone spur addresses the immediate problem. By addressing the root cause, we aim to prevent the cyst from coming back. Your surgeon will guide you through the next steps to ensure the best possible result for your hand.

When to see someone

See your GP if you notice a lump on your finger joint that causes persistent pain not improving with rest. Ask for a specialist review if you experience weakness, instability, or locking in the joint. Seek care if symptoms interfere with your sleep or work, or if you notice a sudden worsening. These signs may indicate an underlying issue such as wear-and-tear arthritis. Early assessment helps determine if simple measures or further treatment are needed to protect your joint function and comfort.

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In more depth

This section goes further than you need for your own treatment decisions. Mucous cysts are worth the extra reading because of a small, well-supported surgical insight: the cyst is not the problem, and the operation that works best does not necessarily remove it.

THE BONE SPUR IS THE CAUSE, NOT THE CYST

A mucous cyst arises from an arthritic fingertip joint. A bony spur — an osteophyte — irritates and perforates the joint capsule, and joint fluid tracks out through the defect and collects under the skin. The cyst is the visible end of that process, not its origin.

That understanding has a direct surgical consequence, demonstrated in a series where **osteophyte excision without cyst excision** produced **complete resolution in most cases**, and was described as a good treatment choice offering a less invasive method [1].

Removing the spur closes the tap. The cyst, no longer being filled, resolves. This is the same logic that governs the wrist ganglion, where the stalk rather than the sac determines recurrence — and it explains why simply draining or puncturing a mucous cyst so reliably fails.

WHERE THE CYST IS EXCISED, RESULTS ARE ALSO GOOD

The alternative approach removes the cyst along with a local skin flap to close the defect. That is also reliable: across **69** patients, surgical excision with a local advancement flap showed a **recurrence rate of 1.4%** with high patient satisfaction regarding the scar and willingness to undergo the procedure again [2].

Both approaches work, and both address the underlying joint. The practical difference is how much skin is involved: a long-standing cyst thins the overlying skin, sometimes to the point of discharging, and in that situation the thinned skin needs excising and replacing regardless of what is done to the bone.

WHY THE NAIL BECOMES DEFORMED, AND WHETHER IT RECOVERS

A groove or ridge running the length of the nail is a common accompaniment, and it worries people more than the lump. The cause is mechanical: the cyst sits immediately over the germinal matrix — the part of the nail bed that generates the nail — and presses on it, so the nail is produced with a defect.

The useful part is that this is pressure rather than destruction. Once the cyst is decompressed, the nail typically grows out normally, though it takes several months for the deformed portion to grow off the end. A nail deformity is therefore a reason to treat the cyst rather than a permanent consequence of it.

THE REASON TO BE CAREFUL ABOUT PUNCTURING ONE

A mucous cyst communicates directly with the joint. Puncturing it — deliberately, or by the skin breaking down over a large one — creates a channel from the outside world into a finger joint, and septic arthritis of a small joint is a considerably more serious problem than the cyst.

This is the practical argument against home drainage of a cyst that appears to be simply a blister of fluid, and the reason a spontaneously discharging cyst is treated with some urgency rather than watched.

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