CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

REHABILITATION PROTOCOL

Wrist Ganglion Excision

A wrist ganglion is a fluid-filled cyst connected by a stalk to the wrist joint; the excision removes the cyst and its stalk down to the joint capsule.

Kieran Hirpara 4.0

This protocol guides your recovery after surgical removal (**excision**) of a **wrist ganglion** — a fluid-filled cyst that grows out of the wrist joint — with Dr Kieran Hirpara at Mater Private Hospital Rockhampton. It begins with your home exercise program, followed by the structured clinical protocol written **for your hand therapist** — bring this page or its PDF to your first therapy visit so your rehabilitation stays coordinated. Your therapist may adjust the plan depending on how your recovery progresses.

If you have any concerns about your wound after surgery, get in touch with the rooms. It is often helpful to take a photo of the wound and email it for review.

What to expect

A wrist ganglion is a balloon-like, fluid-filled cyst that is connected by a narrow **stalk** to the lining of the wrist joint. Most appear on the **back of the wrist** (a dorsal ganglion); some appear on the **front, thumb-side** (a volar ganglion). At operation, Dr Hirpara removes the cyst **together with its stalk, down to the wrist joint capsule** — taking the root as well as the lump, because leaving the stalk behind is the main reason a ganglion can come back. The operation can be done open (through a small incision) or with keyhole (arthroscopic) instruments.

Because nothing has been *repaired* or *reconstructed* — a cyst has simply been removed — there is no healing tendon or ligament that needs to be protected for weeks. The recovery is therefore an **early-motion** plan, and its whole purpose is to get the wrist moving promptly:

- **Stiffness is the most common problem after this operation**, far more than the cyst coming back. The wrist that is rested too long after a ganglion excision can lose movement.
- So immobilisation is kept to a **minimum** — a soft dressing, sometimes with a light wrist splint just for comfort, for only a few days up to a week or two — and then you move the wrist **early, in every direction**.

Your fingers, which are not operated on, keep moving fully from day one. Movement of the wrist is opened up as the wound settles, then grip and load are built back gradually. Most people are back to ordinary activity by around four to six weeks.

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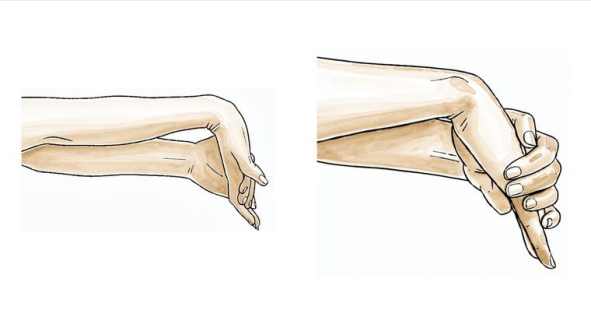
Precautions and limitations

- Keep your **fingers, thumb and elbow moving fully from day one** — only the wrist needs any easing-in.
- Wear the **soft dressing or comfort splint** only as long as directed (commonly a few days up to one to two weeks). It is for comfort, **not** to hold the wrist still for a long time — early movement is the goal here, not rest.
- Do **NOT** soak the wound or get the dressing wet until you are told the wound is sealed; keep it clean and dry.
- Hold off on **heavy gripping, lifting and load-bearing** through the wrist for the first few weeks, and build them back gradually rather than all at once.
- If you had a **volar (front-of-wrist) ganglion**, the cyst can sit close to the **radial artery** (a pulse you can feel at the front of the wrist) — let the rooms know promptly if you notice unusual swelling, coldness or colour change in the hand.
- Do **NOT** drive until you can comfortably control the wheel and are out of any splint, as confirmed at your review.

For wound, swelling and scar management, see the practice's wound care guidance.

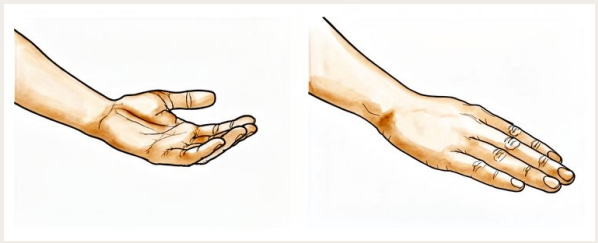
Your exercises



Wrist movement (all directions)

Gently move your wrist in every direction — bend it back (up), bend it forward (down), and tilt it side to side — moving it as far as is comfortable each way. This is the most important early exercise, because the wrist tends to stiffen after this operation, and moving it early keeps it supple. Do it slowly and stay within comfort; it should not be sharply painful.

10 times in each direction, 4-5 times a day, from the first few days



Forearm rotation (palm up / palm down)

Tuck your elbow in at your side and bend it to a right angle. Slowly turn your palm up towards the ceiling, then down towards the floor. Keep the elbow still so the movement comes from the forearm. This keeps the forearm and wrist turning freely while the wound settles.

10 times each direction, 3-4 times a day

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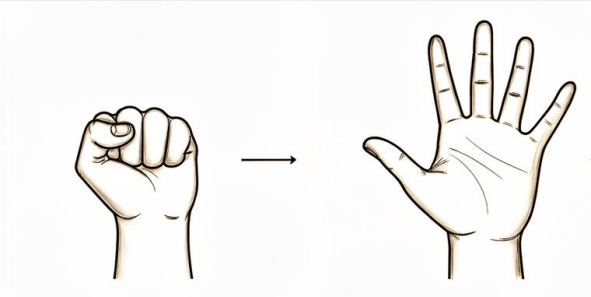

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Finger movement

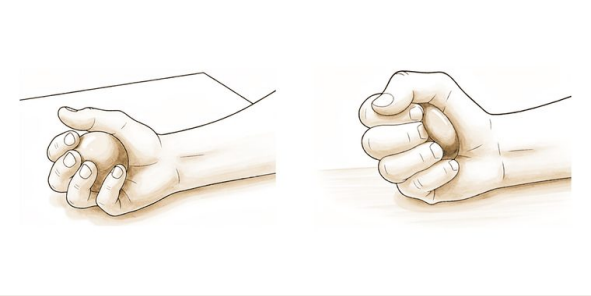
Make a full, slow fist so the fingertips curl into the palm, then open the hand and straighten the fingers out completely. The fingers are not operated on, so keep them moving fully from day one — this stops the hand stiffening and helps swelling drain away.

10 times, several times a day, from day one

Scar massage

Once the wound is fully healed and the dressings are off (usually around two weeks), rub a little plain moisturiser into the scar with your fingertip, using small firm circles for a few minutes. This keeps the scar soft and mobile and stops it sticking to the tissues underneath, which can otherwise hold the wrist back. Do not start this on an unhealed or weepy wound.

A few minutes, twice a day, once the wound is fully healed



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Grip strengthening

A LATER exercise, usually from around three to four weeks once the wound is settled and movement is comfortable. Squeeze a soft ball or therapy putty in your palm, hold for a few seconds, then relax. Build it up gradually. This restores the grip strength that often dips for a few weeks after the operation.

10-15 squeezes, 2-3 times a day, from around 3-4 weeks

These are the exercises from your handout. Start them as guided by Dr Hirpara and your hand therapist. The early exercises — **wrist movement in all directions, forearm rotation and finger movement** — are the heart of this recovery and begin within the first few days, because moving the wrist early is what prevents the stiffness that otherwise follows this operation. **Scar massage** starts once the wound is fully healed, and **grip strengthening** is added a little later as comfort allows. None of these should be sharply painful; ease off anything that is.

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Your clinical protocol

The rest of this page is the staged clinical protocol for rehabilitation after wrist ganglion excision. This section is to be provided to your hand therapist, and each phase opens with a plain-English explanation of what is happening. This is an **excision, not a repair**: there is no construct to protect, so the governing principle is **minimal immobilisation followed by early active wrist motion in all planes to prevent post-excision stiffness** — the most common complication after this procedure.

Prior to treatment, check the patient's operation report and past medical history, and liaise with the treating surgeon regarding the location (dorsal vs volar), the surgical approach (open vs arthroscopic), the integrity of the dorsal/volar capsule, and any concurrent finding. Dr Hirpara excises the cyst with its stalk down to the joint capsule. For volar ganglia, note the proximity of the radial artery. There is no protected arc and no construct to off-load — the only deliberate restraint is a short window of heavy-grip/load avoidance while the soft tissues settle.

PHASE I — MINIMAL IMMOBILISATION AND EARLY MOTION (DAYS 0 TO ~14)

The first phase protects the wound while getting the wrist moving early. Immobilisation is deliberately brief — a soft dressing, with a light wrist splint for comfort only if needed — and the wrist begins active motion in all directions within the first few days. The systematic-review evidence is that limited immobilisation of two weeks or less, or none at all, does not meaningfully change the outcome, while prolonged rest risks stiffness.

For your hand therapist:

Education and precautions - **Soft dressing**, with an optional light wrist splint for comfort only; wean over days, not weeks - No prolonged rigid immobilisation: limit any splinting to **≤ 2 weeks** (commonly a few days) - Keep the wound clean and dry until sealed; **full finger, thumb and elbow ROM from day one** - Volar cases: be alert to the radial artery; report vascular concerns promptly

Management - Wound: surgical dressings as directed; monitor for infection - Oedema: elevation, gentle hand pump, ice as needed - Exercises: **active wrist ROM in all planes (flexion/extension, radial/ulnar deviation) within comfort, started in the first few days**; active/passive forearm pronation–supination; full active finger and thumb ROM; gentle shoulder ROM

Criteria to progress - Wound healing; settling oedema; improving, comfortable wrist arc; splint (if used) discontinued by ~2 weeks

PHASE II — RESTORING FULL MOTION AND SCAR MANAGEMENT (WEEKS ~2 TO 4)

From around two weeks the dressings are off and the wound is healed. The focus is regaining **full, symmetrical wrist movement** before stiffness has a chance to set in, and starting scar work so the scar stays mobile and does not tether the wrist.

For your hand therapist:

Assessments - Active and passive wrist ROM (compare to the other side); forearm rotation; oedema; wound/scar review

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Education and precautions - Drive towards **full wrist ROM** in all planes; address any early loss promptly with active and gentle passive work - Begin **scar management once the wound is fully healed** (massage, silicone/moisturiser, desensitisation as needed) - Light functional hand use encouraged; defer heavy gripping and loading

Management - Exercises: progress to **full active and gentle passive wrist ROM**; continue forearm rotation; commence scar massage and desensitisation; light putty/grip work introduced toward the end of this phase as comfort allows

Criteria to progress - Full or near-full pain-free wrist ROM; healed, mobile scar; ready for graded loading

PHASE III — STRENGTHENING AND RETURN TO ACTIVITY (WEEKS ~4 TO 6 AND BEYOND)

Once movement is restored, grip and load are built back gradually. For most patients ordinary activity returns by around four to six weeks; heavier manual demands follow a criterion-based progression.

For your hand therapist:

Assessments - Grip and pinch strength versus the other side; wrist ROM; response to graded loading; functional/work-specific testing as appropriate

Education and precautions - Progress **grip and wrist strengthening** (putty, ball, graded resistance) as comfort allows - Reintroduce lifting and load-bearing through the wrist gradually; full return guided by symptoms, not the calendar

Management - Exercises: progressive grip/pinch and wrist strengthening; graded loading and task-specific work; continue any residual mobility and scar work - Consider discharge once ROM is full, strength is near-symmetrical and function has returned - Consider referral back to the treating doctor if the wrist plateaus stiff, or if a recurrent swelling appears

Criteria for return to full activity - Full pain-free wrist ROM; near-symmetrical grip; comfortable with task- and work-specific loading

Getting back to work and activity

Light everyday hand use — eating, writing, light self-care — is encouraged from the start within comfort, and your fingers should be working fully from day one. Desk and light duties are often possible within a few days to a week or so, especially with the dominant hand free; jobs that involve heavy gripping, lifting or repeated forced wrist movement take longer and are built back over the first few weeks. Published series report only a short time off work after ganglion excision (on the order of about two weeks), though this varies with the side operated on and the demands of your job.

Because you must be able to comfortably control the wheel and be out of any splint, plan for help with transport in the very early days; driving resumes once you are comfortable and safe, as confirmed at your review. Most people are back to ordinary activity by around **four to six weeks**, with heavier manual work and

sport built back gradually as movement and grip return — judged by how the wrist is doing, not by the calendar alone.

After your protocol

This protocol works alongside the practice's general recovery advice — see managing post-operative pain, wound care and scar management. The phased plan above reflects published guidance after wrist ganglion excision, where the priority is early movement to prevent stiffness; your ongoing recovery is guided individually by Dr Hirpara and your hand therapist according to how your wrist progresses.

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