CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

THÔNG TIN & ĐỒNG Ý

Mucous Cyst Excision (with Local Flap)

Trang này được dị ch bằng máy và chưa được bác sĩ kiểm tra. **Bản tiếng Anh** là bản chính thức.

Khôi phục nhanh chóng. Tổng hợp từ 10 nghiên cứu đã công bố — tốc độ phục hồi của bạn có thể khác biệt.

NHIỆM VỤ NHẸ làm việc tại bàn, lái xe, các công việc hàng ngày	HẦU HẾT CÁC HOẠT ĐỘNG HÀNG NGÀY công việc thủ công, thể thao, phòng gym	ĐỈNH ĐIỂM CỦA KẾT QUẢ CUỐI CÙNG đau và sức mạnh
2-6 weeks	**2 months**	**6 months**
Light use within days once the dressing allows; sutures out at about two weeks. Most people are back to desk work well within the first fortnight.	Gripping and manual work comfortable by about 2 months, once the flap has settled and the joint is no longer tender.	If the nail was ridged or grooved by the cyst pressing on its growth zone, the improvement only shows as the new nail grows out — about 6 months.

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. A clinic assessment establishes the diagnosis. For long-standing problems we usually try non-operative care first and consider surgery when that has not given enough improvement.

This procedure removes a fluid-filled lump on your finger and covers the area with a small skin flap. It is typically offered when conservative treatments fail to relieve symptoms. The main benefit is the removal of the cyst to improve comfort and function. Our evidence shows a low recurrence rate of 1.4% with this approach. Most recurrences happen early after initial surgery, so we monitor you closely. We aim for a reliable result with high patient satisfaction regarding the scar.

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Before the operation

Please fast for seven hours before your appointment. This allows us to bring you forward if the list runs early. Bring a list of all your current medications and wear comfortable clothing. Arrange a lift home for after the procedure. Your surgeon will advise which medicines to stop, but please follow their specific instructions. Imaging such as an X-ray, MRI, or ultrasound may be needed to plan the operation. Blood tests and an anaesthetic review are not routine. If you have other medical conditions, you may need these checks. Otherwise, most patients do not require them.

On the day

You present to the hospital's surgical admissions unit, where you are checked in and prepared for theatre. You meet the anaesthetist to discuss your care. This operation is done under general anaesthetic. A regional nerve block is sometimes added for post-operative pain relief — the anaesthetist will discuss this with you on the day.

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.

What the operation involves

Your surgeon makes a small cut over the cyst to remove it. This approach gives a clear view of the area, making it easier to explore and treat the problem thoroughly. In some cases, your surgeon may also remove small bone spurs (osteophytes) from the joint underneath. Removing these spurs helps prevent the cyst from coming back.

To close the cut, your surgeon uses a local skin flap. This means a small section of nearby skin is gently moved and folded over the area where the cyst was removed. This technique covers the wound neatly and helps it heal well. In other situations, your surgeon might use a total dorsal capsulectomy, which involves removing the lining of the joint capsule, or a Wolfe graft, which uses a small piece of tissue to cover the site. The choice of method depends on what works best for your specific anatomy and your surgeon's preference.

After the procedure, the cut is closed with stitches or glue. Your surgeon will apply a dressing to protect the area while it heals. This is a straightforward operation designed to remove the cyst and address the underlying cause, helping to keep the skin smooth and functional.

After the operation

You will wake up in the recovery ward with your hand dressed and supported. We manage pain using standard medication to keep you comfortable. Your team will tell you whether you go home the same day or stay one night in hospital. You must have someone stay with you for the first 24 hours. Keep the dressing clean and dry. You can gently move your fingers to reduce swelling, but avoid using the hand for heavy tasks. We ensure your

wound heals well with minimal stiffness. Follow our specific instructions for care. Contact us if you notice increased pain, redness, or drainage. Your recovery is a gradual process, so be patient with your healing hand.

Recovery

You can expect some swelling and discomfort in the days following your procedure. This is a normal part of healing. We keep your hand elevated to help reduce the swelling and ease the ache. You will likely wear a light dressing or splint to protect the area while it settles.

Your hand therapist, Ruby Doolan at Extend Rehabilitation, will guide your recovery. She directs your exercises and makes any splint you need. You will start gentle movements early to keep your finger flexible. This helps prevent stiffness and supports the skin flap as it heals. We focus on restoring your grip and dexterity without straining the repair.

As the swelling goes down, you will notice your hand feeling more like itself. You can return to light daily tasks as comfort allows. Your surgeon will clear you to drive once you are off strong pain medication and can hold the wheel with both hands. You can also resume work or sport when your therapist confirms you have regained the necessary strength and movement.

Your timeline may differ; your surgeon and hand therapist will guide you based on how your body responds.

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.

Cyst returning The main concern is that the cyst comes back. You might notice a small, fluid-filled lump reappearing under the skin near your original surgery site. It may feel soft or firm. It could cause mild discomfort or make the joint feel stiff. If you see the lump growing or feel new pressure, let us know. We can check if it needs further attention.

Scarring issues Some people worry about how the scar looks or feels. You might notice the scar is raised, thick, or red. It could feel itchy or tight. In some cases, the scar might pull on the skin, making movement slightly uncomfortable. If the scar becomes very red, hot, or painful, it could be a sign of irritation or infection. Contact our clinic for advice. We can recommend creams or treatments to help the scar heal smoothly.

Infection Although rare, infection can happen. You might see increasing redness spreading from the wound. The area could become swollen, warm to the touch, or painful. You might notice pus or cloudy fluid leaking from the incision. If you develop a fever or feel generally unwell, seek medical help immediately. Do not wait for your next appointment if symptoms worsen quickly.

Numbness or tingling You might experience temporary numbness or tingling around the surgical site. This is often due to swelling pressing on small nerves. It usually improves as the swelling goes down. If the numbness persists or spreads, tell us. We can assess if any nerve irritation needs specific care.

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 wound redness, or discharge. Seek urgent care for sudden severe pain, loss of sensation, or inability to move your hand. Go to emergency if you notice calf swelling or shortness of breath. These signs need immediate assessment to rule out serious complications.

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Tỷ lệ biến chứng từ các tài liệu công bố

Được tổng hợp từ 10 nghiên cứu đã được công bố. Đây là các tỷ lệ ở cấp độ dân số, không phải là nguy cơ cá nhân của bạn — bác sĩ phẫu thuật của bạn sẽ thảo luận về những gì áp dụng cho bạn.

BIẾN CHỨNG	TỶ LỆ ĐƯỢC BÁO CÁO	GHI CHÚ
recurrence	**1.4%**	In the published series of the advancement-flap technique used here (75 consecutive patients); recurrence is higher when the joint osteophytes are not debrided.
nail deformity	—	The nail matrix sits millimetres from the cyst; a groove or ridge can result — though a deformity the cyst itself caused often improves after excision.
joint stiffness	**0%**	No loss of DIP flexion reported in the flap series; some temporary stiffness is normal.
wound healing problems	—	The dorsal skin is thin, especially where the cyst had stretched it; occasionally healing takes longer.
progression of arthritis	—	The operation removes the cyst and osteophytes, not the arthritis; a painful arthritic joint may later warrant fusion — see the DIP joint fusion page.

Tôi đã đọc thông tin này và có cơ hội đặt câu hỏi cho bác sĩ Hirpara về thủ thuật, quá trình hồi phục dự kiến và các biến chứng được liệt kê ở trên.

BỆNH NHÂN — IN TÊN

CHỮ KÝ

NGÀY

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