

Mucous Cysts

What is a Mucous Cyst?

- Mucous cysts are a type of ganglion. They originate from the distal interphalangeal (closest to the tip of the finger) joints of fingers.
- They are filled with joint fluid that condenses over time and forms a gel.
- They form because joint fluid escapes through a small gap in the joint capsule into the cyst
- Mucous **are not** dangerous or cancerous. They are usually very unlikely to cause permanent harm if left untreated.

What causes a Mucous cyst?

- The exact cause is unknown,
- An injury or heavy use can cause a cyst to get bigger
- A joint with arthritis is more likely to develop a Mucous Cyst
- It becomes more common with ageing.

How does it present?

- Most mucous cysts present with a **lump**.
- A small cyst may not be visible but can **cause pain**.
- They can **fluctuate in size**.
- Cyst that presses on the nail bed can cause a groove in the finger nail.
- Mucous cysts can rupture. They discharge clear fluid.
- An ultrasound can confirm the diagnosis of a Mucous cyst.

What can be done?

- **Immobilisation** with brace/splint to help reduce size of ganglion and relieve discomfort, it does not necessarily ‘cure’ a cyst.

- **Aspiration** draining the fluid out of the cyst with a needle can help alleviate pain and reduce the size temporarily, but will not prevent the ganglion from reforming.
- Use of an anti inflammatory, for discomfort caused by a ganglion.

When is surgery considered?

- If there is constant pain or discomfort
- If the cyst ruptures repeatedly.
- If the cyst
 - Stop you doing the '**things you have to do**' and/or
 - The '**things you love to do**' in life
- If you would prefer a **definitive cure** for the problem.
- If appearance is unacceptable

How does surgery work?

- This surgery is usually done under local anaesthetic
- The anaesthetist commonly gives some sedation (a twilight anaesthetic)
- It is done as a day case in a hospital
 - but you cannot drive home after the procedure
 - and you should not be home alone on the night of your surgery

What do we do in surgery?

- A skin incision is made directly over the cyst
- The cyst is removed including the sac and an area of joint capsule where the ganglion originates.
- The wound is closed. A dressing and bandage are applied.

After the Surgery

In Hospital

- A bandage is applied to the hand.
- It is important that the hand remains elevated 'higher than your heart' to help limit swelling
- If the bandage feels too tight, do not hesitate to remove it.
- It is usual to leave hospital 2-3 hrs after surgery

At Home

- Continue to elevate your arm until swelling in your fingers subside.
- Move your fingers (making a full fist and straightening your fingers out fully about 10-20 times a day).
- Keep the wound dry covered and clean.
- If it is not uncomfortable, leave the bandage in place until your first appointment after surgery
- Blood thinning medication (if you are on any) can be started 2 days after surgery
- An appointment usually arranged with my practice nurse at about 1-2 weeks after surgery.

The recovery

- The wound usually heals over 1-2 weeks and any sutures are then removed
- **Self care** (washing, dressing, eating) with the operated hand – usually around 5 days
- **Driving:** when you are able to control a steering wheel with your operated hand and you are not taking strong pain relief anymore (usually 5-10 days post surgery)
- Most **moderate activities** (equivalent to lifting a pot of the stove or pouring a full kettle) can usually be achieved by **4-6 weeks**,
- It can take **3-6 months for stiffness and deep scarring** in the site of the operation to resolve.
- **Golf, fishing, cycling etc.:** usually around 6-12 weeks, but it can be longer (3 months)

What can go wrong?

- **Infection**
- **Stiffness** of the joint (wrist/finger). You will be given some exercises to do at home, but may need hand therapy.
- It very occasionally happens that the tendon that straightens the joint fails due to the surgery, and it may can result in the **tip of the finger drooping**.
- It is common to have a bit of **numbness next to the scar**. Sometimes the scar can be very sensitive for a long time
- **Recurrence**, the excision may be unsuccessful and need to be done again.

- **Very rarely** (around one in a thousand) a severe pain reaction, (CRPS) can develop, which can be disabling for years.
- An **anaesthetic** can have complications, such as nausea, heart and lung problems. Please discuss it with your anaesthetist before the operation.

What can you expect the final outcome to be?

Full recovery is usually expected.