

Wrist Ganglion Excision



A typical dorsal wrist ganglion: a firm, smooth, fluid-filled lump that grows out of one of the small wrist joints. Excision removes the cyst together with the stalk that connects it back to the joint, lowering the chance of it returning.

Kieran Hirpara 4.0

At-a-glance recovery. Pooled from 61 published studies — your own pace will vary.

LIGHT DUTIES	MOST EVERYDAY ACTIVITIES	FINAL OUTCOME PLATEAU
desk work, driving, daily tasks	manual work, sport, gym	pain and strength
2-6 weeks	3-6 months	12 months
Significant increases in function and decreases in pain are typically experienced within 6 weeks after arthroscopic resection.	Return to manual work and full strength is generally expected within 3 to 6 months, though some patients may experience residual pain longer.	Maximum recovery and plateau of patient-reported outcomes are typically attained by 12 months post-surgery.

Why this operation has been suggested

You have a fluid-filled lump on your wrist called a ganglion cyst. Your surgeon suggests this operation because non-surgical options like aspiration usually do not work well, with most cysts returning after that treatment. About 40% of these lumps shrink on their own over six years, but surgery is recommended when they cause pain or limit your movement.

This procedure removes the cyst to stop it from coming back, with a recurrence rate of about 10%. Your surgeon uses a scope for cysts on the back of the wrist or a small cut for those on the palm side. The main goal is to relieve your symptoms and restore normal function, though you should know that jobs requiring forceful wrist extension carry a risk of lasting pain.

Before the operation

You will need to fast for several hours before your surgery and stop certain medicines as your surgeon advises. Please arrange a ride home and bring a list of all your current medications in comfortable clothing. You may need an X-ray, MRI, or blood test to check your wrist and general health before the procedure. Your surgeon will choose an arthroscopic approach (using a small camera) for ganglions on the back of the wrist, or an open approach (a small cut) for those on the palm side. This choice depends entirely on where your cyst is located.

On the day

You will arrive at the hospital and meet your anaesthetist to discuss your care. 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. Your surgeon will then take you to the operating theatre. For a lump on the back of your wrist, they use a small camera (arthroscopy). For a lump on the palm side, they use a small cut (open approach). You will wake up in recovery feeling groggy but safe.

What the operation involves

Your surgeon will choose between two main ways to remove the cyst, depending on where it sits. If the ganglion is on the back of your wrist, they will use a keyhole technique with a tiny camera. If it is on the palm side, they will make a small cut to remove it directly. This choice helps avoid nearby blood vessels and nerves.

During the procedure, your surgeon carefully removes the cyst and the stalk connecting it to the joint. For open surgery on the palm side, they make a single incision to access the area. For keyhole surgery on the back, they use small punctures to reach the cyst. They do not routinely send the removed tissue for testing if the diagnosis is clear.

After the cyst is gone, your surgeon closes the skin with stitches or glue and applies a dressing. Some surgeons may place a splint on your wrist, while others do not, as there is no agreement on this step. The operation focuses on removing the fluid-filled sac to relieve your symptoms.

After the operation

You will wake up in the recovery ward. Your surgeon will manage your pain with standard medication. You will have a dressing over your wrist. We may use a sling or brace for comfort, though some surgeons do not use them. You can usually move your fingers right away. Most patients go home the same day. You must have someone stay with you for the first 24 hours to help you.

Recovery

You will likely feel some pain and swelling in your wrist right after the operation. This is normal as your body heals. Your surgeon may place a sling or brace on your wrist to keep it steady while you rest. Many people find that keeping the wrist elevated above your heart helps reduce the swelling.

As the swelling settles, you will begin gentle movements. Your surgeon or physiotherapist will guide you through specific exercises to restore your wrist motion. You can usually return to light daily tasks at home, like eating or writing, once you feel comfortable. Avoid heavy lifting or forceful wrist movements until your surgeon clears you to do so.

Your recovery journey is unique. Some people feel better quickly, while others need more time. Your surgeon and physiotherapist will monitor your progress and adjust your plan as needed. Trust the process and follow their advice to help your wrist heal fully.

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.

If you have a job or hobby that needs forceful wrist movement, you might feel lingering pain or find it hard to use your hand after surgery. This is a known risk for people who rely on strong wrist extension.

If you notice sudden swelling, redness, or a deep ache near the wound, tell your surgeon right away. These could be signs of infection or other issues that need prompt attention.

Some patients feel a clicking or grinding sensation in the wrist after the procedure. If this persists or causes pain, bring it up at your next review so your surgeon can check the joint.

In rare cases, the surgery can lead to a scar that feels tight or looks raised. If the scar becomes very red, hot, or starts to drain fluid, contact the clinic immediately.

If you experience numbness or tingling in your fingers, especially on the thumb side, let your surgeon know. This could indicate a nerve issue that needs checking.

If you notice a new lump appearing at the surgery site, it might be a recurrence of the ganglion cyst. Your surgeon can discuss options to manage this if it happens.

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

When to call us

Call us if you have a fever, increasing redness, or discharge from your wound. Go to emergency if you feel sudden severe pain, lose sensation, or cannot move your wrist. Seek immediate help for calf swelling or shortness of breath. These signs need urgent assessment by your surgeon.

CQ HAND + UPPER LIMB

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Complication rates from published literature

Pooled from 61 published studies. These are population-level rates, not your individual risk – your surgeon will discuss what applies to you.

COMPLICATION	REPORTED RATE	NOTES
Persistent pain	19-47%	Persistent pain at 4 weeks occurs in approximately 14%, more common in patients whose activities require forceful wrist extension; pain typically improves over 3-6 months.
extensor tenosynovitis	11%	Reported specifically in arthroscopic resection series.
Ganglion recurrence	6-21%	Risk factors include dominant hand (OR 8.0), female sex, age under 24 years, and failure to excise the stalk; repeat excision can be performed if recurrence occurs.
Stiffness or reduced range of motion	4-10%	Wrist and finger stiffness can occur particularly with prolonged immobilization; most patients regain normal or near-normal motion within 3-6 months.
Hypertrophic scarring	3-12%	Although incisions are small (3-5mm), hypertrophic scars or keloids can develop in predisposed individuals.
wound dehiscence	3-6%	Superficial wound dehiscence reported in pediatric cohorts and general surgical series.
Nerve injury	2-12%	Includes injury to superficial sensory nerves causing numbness, painful neuroma, or hypersensitivity; most are temporary stretch injuries recovering over 3-6 months.
Haematoma	2-9%	Bleeding or haematoma formation can occur particularly in patients on anticoagulation; most resolve spontaneously.
Failure to achieve the procedure	1.16%	In 1.16% of cases the intended procedure cannot be completed due to anatomical variation, dense scarring, or technical difficulty; conversion to open surgery may be required.

COMPLICATION	REPORTED RATE	NOTES
Infection	1-6%	Infection is rare; superficial infections respond to oral antibiotics while deep infections or septic arthritis may require arthroscopic washout.
Cartilage injury	0.5%	Iatrogenic cartilage damage from instruments or portal placement; significant injuries may require additional procedures.
Tendon injury or rupture	Rare	Extensor tendon damage during excision.
Scapholunate ligament injury	Rare	Risk during dorsal ganglion excision near the SL ligament.
synovial fistula	Rare	Rare complication associated with recurrent dorsal wrist ganglion excision and extensive capsular excision.
giant cell reaction	Rare	Reported complication in pediatric populations following excision.

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