

Date: 26/04/2024  
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Our Ref: 8426

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Dear

## FREEDOM OF INFORMATION – MUCOUS CYSTS

I write in response to your request for information in relation to guidance on mucous cysts and St John's Hospital.

### Question:

- Under the Freedom of Information Act we would be grateful for your assistance in confirming when the guidance on mucous cysts available [here](#) was last updated and whether this information was available on the 04/05/2022 and if this was the same? If not, could you please provide us with a copy of the guidance available as at May 2022.

### Answer:

Enclosed is a copy of the RefHelp page content for [Mucous Cyst – RefHelp \(nhsllothian.scot\)](#) for the year in question 2022 – version 1, 1 September 2021.

I am advised that the hand surgeons are happy to stand by the current advice on RefHelp.

In 2022 we were still trying to avoid bringing patients to be seen face to face in clinic around that time, and most patients were asked to provide a photograph and offered a phone appointment.

I hope the information provided helps with your request.

If you are unhappy with our response to your request, you do have the right to request us to review it. Your request should be made within 40 working days of receipt of this letter, and we will reply within 20 working days of receipt. If our decision is unchanged following a review and you remain dissatisfied with this, you then have the right to make a formal complaint to the Scottish Information Commissioner within 6 months of receipt of our review response. You can do this by using the Scottish Information Commissioner's Office online appeals service at [www.itspublicknowledge.info/Appeal](http://www.itspublicknowledge.info/Appeal). If you remain dissatisfied with the Commissioner's response you then have the option to appeal to the Court of Session on a point of law.

If you require a review of our decision to be carried out, please write to the FOI Reviewer at the email address at the head of this letter. The review will be undertaken by a Reviewer who was not involved in the original decision-making process.

FOI responses (subject to redaction of personal information) may appear on NHS Lothian's Freedom of Information website at: <https://org.nhsllothian.scot/FOI/Pages/default.aspx>

Yours sincerely

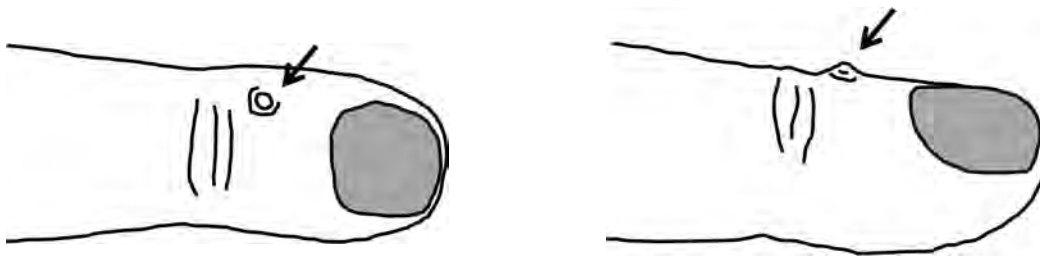
**ALISON MACDONALD**  
**Executive Director, Nursing, Midwifery and AHPs**  
Cc: Chief Executive  
Enc.

Version	Date	Summary of Changes
V1	01-09-21	Full page update

## Mucous Cyst

### Distal interphalangeal joint (DIPJ) ganglion, commonly called a *mucous cyst*, or Dorsal digital ganglion cysts

Distal Interphalangeal joint ganglion commonly present as lumps on the dorsum of the finger at one or other side of the joint.



At the DIPJ they are commonly seen adjacent to the nail fold and are commonly called mucous / mucus cysts. They tend to occur in older people and may be associated with underlying joint degeneration. The lump can fluctuate in size. If they grow over the germinal matrix they can cause nail deformity which can become permanent (groove or nail split).

Symptoms include pain. If joint stiffness is present this is an indication that there is underlying joint pathology and an x-ray should be considered.

The lumps can burst. The skin overlying can be thin and translucent. These factors can allow infection to develop and track deep into the joint.

Do not attempt aspiration or bursting of mucous cysts, as this can lead to septic arthritis.

Surgical excision is indicated for mucous cysts of large size, mucous cysts with thin skin or history of bursting, or causing nail deformity. Surgery is performed as a day case under local anaesthetic, and can require a couple of weeks off work. Recurrence is possible after excision.

### [Referral Guidelines](#)

### Referrals to the Hand Service, Hooper Hand Unit, St John's Hospital

What we will see:

- Digital ganglions with pain and symptoms unresponsive to primary care treatment
- Mucous cysts (DIPJ ganglion), especially if the skin is thin or at risk, the lump is of large size, with history of bursting, or causing nail deformity, to offer surgery.

- We do not attempt to aspirate mucous cysts
- Please refer for a hand clinic appointment, stating your clinical concerns
- The Hand Unit's current patient pathway for this condition is to send the patient a letter with instructions to take and email in standard photos. On receipt of these, a telephone appointment will be sent to the patient.

### Primary Care Management

- Advise the patient to modify activities causing discomfort.
- Advise the patient to try pain relief
- The GP **should not attempt aspiration of these ganglions or mucous cysts**, as there is a risk of infection which can lead to a septic joint with this.
- 'Patient Information' tab. <<IT include [BSSH ganglion information sheet under patient information tab](#)>>

- [Resources and Links](#)

[Ganglion Cysts \(British Society for Surgery of Hands\)](#)