NHS
Cheshire and Merseyside

Clinical Commissioning Policy

Mucoid Cysts of the Fingers at the Distal Interphalangeal (DIP) Joint, surgical removal

Category 2 Intervention - Only routinely commissioned when specific criteria are met -

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Purpose	This document is part of a suite of policies that the Integrated Care Board (ICB) uses to drive its commissioning of healthcare. Each policy in that suite is a separate public document in its own right but will be applied with reference to other policies in that suite.
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Target audience:	All Cheshire & Merseyside ICB Staff and Provider organisations

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Document control:		
Date:	**Version Number:**	**Section and Description of Change**
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1. Introduction

1.1 This policy relates to the commissioning of interventions which optimise clinical effectiveness and represent value for money.

1.2 This document is part of a suite of policies which the Integrated Care Board (ICB) uses to drive its commissioning of healthcare. Each policy is a separate public document in its own right but should be considered alongside all the other policies in the suite as well as the core principles outlined in Appendix 1.

1.3 At the time of publication, the evidence presented per procedure/treatment was the most current available.

2. Purpose

2.1 This policy aims to ensure a common set of criteria for treatments and procedures across the region. This is intended to reduce variation of access to NHS services in different areas and allow fair and equitable treatment for all patients.

3. Policy statement

3.1 Surgical referral is not routinely commissioned unless all of the following criteria are satisfied:

3.1.1 Watchful waiting has failed

AND

3.1.2 The patient is experiencing severe pain or repeated infections and/or the cyst is causing functional problems in using the hand.

3.2 Many cysts are asymptomatic and may disappear of their own accord.

3.3 Patients should be reminded that for most treatments, there is a significant chance of recurrence although surgical management has the best chance of success.

4. Exclusions

4.1 None

5. Rationale

5.1 Because these cysts are generally asymptomatic and many will disappear without intervention, plus recurrence rates are high, this procedure is restricted to people most likely to benefit i.e. those who are in pain or experiencing functional problems.

6. Underpinning evidence

6.1 First described in 1882, digital mucous cysts are a type of ganglion (soft tissue tumour) located on the fingers. They are frequently found on the dorsum of the distal interphalangeal (DIP) joint and are associated with underlying osteoarthritis of the affected joint. It is currently believed that the cysts arise from mucoid degeneration of connective tissue. The mean age of onset is 60 years and are more common in women than men. Often, they are asymptomatic and do not require treatment although recurrence is common.

6.2 A range of treatments is available which include: - soaks, local heat, massage, topical and intralesional corticosteroids, cryotherapy and silver nitrate application. In recent years, excision and debridement of joint osteophytes has been recognised as a necessary option to reduce the risk of recurrence. While surgery may be slightly more effective in reducing recurrence, there are still surgery-associated complications such as radial or ulnar deviation of the DIP joint with resulting in impairment in joint motion. In addition, residual nail deformities may arise as well as tendon injury and infection. Overall, there is significant disagreement in the literature regarding optimal treatment.

6.3 Although cysts are generally asymptomatic, pain can occur in some individuals, particularly if the cyst starts to grow. It is thought that pain arises as a result of impingement on adjacent nerve fibres. Unsurprisingly, patients complain about the cosmetic appearance and in some cases, there may be functional impairment.

6.4 In summary, digital mucous (or mucoid) cysts are a type of ganglion which occurs on the fingers on the distal interphalangeal joint. They are very common and are frequently associated with an underlying osteoarthritis. They mostly occur in people in their 60s although they can occur at any age. They are generally asymptomatic but in a small number of cases, they can be painful and even cause functional impairment. There are many treatments (both conservative and surgical) but there is no recognised optimal treatment. Whichever treatment is used the chance of recurrence is high and many cysts will disappear without intervention.

REFERENCES

1. Alam M. Digital mucous cyst. 2020. Medscape https://emedicine.medscape.com/article/1056917-overview
2. Digital myxoid cyst. British Association of Dermatologists. 2019. www.bad.org.uk/leaflets
3. Jabbour S, Kechichian E, HaberR, et al. Management of digital mucous cysts: a systematic review and treatment algorithm. *International Journal of dermatology* 2017; **56**:701 – 708.
4. Meyers AL, Fallahi AKM. Digital Mucous Cyst. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2021. https://www.ncbi.nlm.nih.gov/books/NBK559092/

7. Force

7.1 This policy remains in force until it is superseded by a revised policy or by mandatory NICE guidance or other national directive relating to this intervention, or to alternative treatments for the same condition.

8. Coding

8.1 **Office of Population Censuses and Surveys (OPCS)**

Primary position
Z83.5 Distal interphalangeal joint of finger
With
T59.2 Excision of ganglion of hand NEC

8.2 **International classification of diseases (ICD-10)**

None

9. Monitoring And Review

9.1 This policy may be subject to continued monitoring using a mix of the following approaches:
- Prior approval process
- Post activity monitoring through routine data
- Post activity monitoring through case note audits

9.2 This policy will be kept under regular review, to ensure that it reflects developments in the evidence base regarding effectiveness and value.

10. Quality and Equality Analysis

10.1 Quality and Equality Impact Analyses have been undertaken for this policy at the time of its review.

Appendix 1 - Core Objectives and Principles

Objectives

The main objective for having healthcare commissioning policies is to ensure that:

- Patients receive appropriate health treatments
- Treatments with no or a very limited evidence base are not used; and
- Treatments with minimal health gain are restricted.

Principles

This policy aims to ensure a common set of criteria for treatments and procedures across the region. This is intended to reduce variation of access to NHS services in different areas and allow fair and equitable treatment for all patients.

Commissioning decisions by ICB Commissioners are made in accordance with the commissioning principles set out as follows:

- Commissioners require clear evidence of clinical effectiveness before NHS resources are invested in the treatment.
- Commissioners require clear evidence of cost effectiveness before NHS resources are invested in the treatment.
- Commissioners will consider the extent to which the individual or patient group will gain a benefit from the treatment.
- Commissioners will balance the needs of an individual patient against the benefit which could be gained by alternative investment possibilities to meet the needs of the community.
- Commissioners will consider all relevant national standards and consider all proper and authoritative guidance.
- Where a treatment is approved Commissioners will respect patient choice as to where a treatment is delivered, in accordance with the 'NHS Choice' framework.
- Commissioning decisions will give 'due regard' to promote equality and uphold human rights. Decision making will follow robust procedures to ensure that decisions are fair and are made within legislative frameworks.

Core Eligibility Criteria

There are a number of circumstances where a patient may meet a 'core eligibility criterion' which means they are eligible to be referred for the procedures and treatments listed, regardless of whether they meet the criteria; or the procedure or treatment is not routinely commissioned.

These core clinical eligibility criteria are as follows:

- Any patient who needs 'urgent' treatment will always be treated.
- All NICE Technology Appraisals Guidance (TAG), for patients that meet all the eligible criteria listed in a NICE TAG will receive treatment.
- In cancer care (including but not limited to skin, head and neck, breast and sarcoma) any lesion that has features suspicious of malignancy, must be referred to an appropriate specialist for urgent assessment under the 2-week rule.
- NOTE: Funding for all solid and haematological cancers are now the responsibility of NHS England.
- Reconstructive surgery post cancer or trauma including burns.
- Congenital deformities: Operations on congenital anomalies of the face and skull are usually routinely commissioned by the NHS. Some conditions are considered highly specialised and are commissioned in the UK through the National Specialised Commissioning Advisory Group (NSCAG). As the incidence of some cranio-facial congenital anomalies is small and the treatment complex, specialised teams, working in designated centres and subject to national audit, should carry out such procedures.
- Tissue degenerative conditions requiring reconstruction and/or restoring function e.g. leg ulcers, dehisced surgical wounds, necrotising fasciitis.
- For patients wishing to undergo Gender reassignment, this is the responsibility of NHS England and patients should be referred to a Gender Identity Clinic (GIC) as outlined in the Interim NHS England Gender Dysphoria Protocol and Guideline 2013/14.

Cosmetic Surgery

Cosmetic surgery is often carried out to change a person's appearance to achieve what a person perceives to be a more desirable look.

Cosmetic surgery/treatments are regarded as procedures of low clinical priority and therefore not routinely commissioned by the ICB Commissioner.

A summary of Cosmetic Surgery is provided by NHS Choices. Weblink:
http://www.nhs.uk/conditions/Cosmetic-surgery/Pages/Introduction.aspx and
http://www.nhs.uk/Conditions/Cosmetic-surgery/Pages/Procedures.aspx

Diagnostic Procedures

Diagnostic procedures to be performed with the sole purpose of determining whether or not a restricted procedure is feasible should not be carried out unless the eligibility criteria are met, or approval has been given by the ICB or GP (as set out in the approval process of the patients responsible ICB) or as agreed by the IFR Panel as a clinically exceptional case.

Where a General Practitioner/Optometrist/Dentist requests only an opinion the patient should not be placed on a waiting list or treated, but the opinion given and the patient returned to the care of the General Practitioner/Optometrist/Dentist, in order for them to make a decision on future treatment.

Clinical Trials

The ICB will not fund continuation of treatment commenced as part of a clinical trial. This is in line with the Medicines for Human Use (Clinical Trials) Regulations 2004 and the Declaration of Helsinki which stipulates that the responsibility for ensuring a clear exit strategy from a trial, and that those benefiting from treatment will have ongoing access to it, lies with those conducting the trial. This responsibility lies with the trial initiators indefinitely.

Clinical Exceptionality

If any patients are excluded from this policy, for whatever reason, the clinician has the option to make an application for clinical exceptionality. However, the clinician must make a robust case to the Panel to confirm their patient is distinct from all the other patients who might be excluded from the designated policy.

The ICB will consider clinical exceptions to this policy in accordance with the Individual Funding Request (IFR) Governance Framework consisting of: IFR Decision Making Policy; and IFR Management Policy.