

Hand symptoms due to cervical spine pathology should be excluded

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		Patient presen	tation		
Ganglion: Typical site: Fluctuates in size	Carpal / Cubital Tunnel/ syndrome: Pain, tingling & numbness + w eakness Wake up at night & relieved w ith movement for 15-20 minutes	Trigger Finger/thumb: Typical nodule at base of thumb or finger Wake up with flexed finger or thumb which can be straightened with a click	Osteoarthritis carpo metacarpal joint: Pain at base of thumb on movement of carpometacarpal joint	Dupytren's Contracture: Typically ring and little finger	Chronic wrist pain: (including D Quervains)
	Median Ulner nerve			HSL	
Primary Care					
Aspirate to confirm (50% recur)	Wrist / night splints	-Modification of activity to prevent pressure on this -injection of steroid around A1 Pulley	-Non steroidal anti -inflammatory drugs /anagesia -Modify activity/ OT referral	-Nodule only: no active treatment required — patient education -When contracture interferes with activities of daily living, occupation or hobbies refer for surgery	-Conservative Management: analgesics, splints & physiotherapy
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		Secondary	Care	·	
Few indications for Surgery -Scar often symptomatic -up to 30% of ganglia recur -High dissatisfaction rate	If symptoms persistent, severe, especially if associated with weakness/muscle wasting -refer for surgical decompression	-Steroid injection usually successful -Operation infrequently indicated	-Steroid injection -Consider surgery if symptoms increase despite conservative treatment & there is significant problem with function.	Surgery for all contractures unless contra indicated	Failure of Conservative /significant Measures Functional deficit (steroid injection/ Surgery may be indicated

^{*:} thickness of arrows indicates expected volume of referrals