Postoperative Treatment for Arthroscopic Dorsal Carpal Ganglion Excision--
Dr. Trueblood

**Indications:** Volar carpal ganglion cysts result from the gradual, progressive distention of congenitally weak regions of the wrist capsule. Occurring in between the radioscaphocapitate and short radiolunate ligaments or from the scaphotrapezialtrapezoid (STT) joint, these commonly dissect along the flexor carpi radialis (FCR) tendon sheath and will often share a wall with the adventitia of the immediately adjacent radial artery. Fifty percent of volar carpal ganglia will resolve spontaneously over 5 years. The proximity of the radial artery is a relative contraindication to aspiration of the mass. Surgery is indicated when the ganglion is painful or when it interferes with putting hands in pockets or clothing wear.

**Technique:** A longitudinal incision is made over the FCR sheath and the FCR is released longitudinally, then mobilized ulnarly to protect the palmar cutaneous branch of the median nerve. The mass is identified and tracked back to its origin at the radiocarpal or STT capsule. The stalk base is excised and its margins coagulated with electrocautery. The wound is irrigated copiously and the closed in layers. Sterile dressings and a volar wrist splint are applied.

1st two weeks after surgery--
- No weight bearing for the operative extremity.
- Postoperative splint stays on until follow-up

1st postoperative visit at two weeks after surgery--

Phase 1- Regain range of motion

Phase 2- Regain strength and optimize function