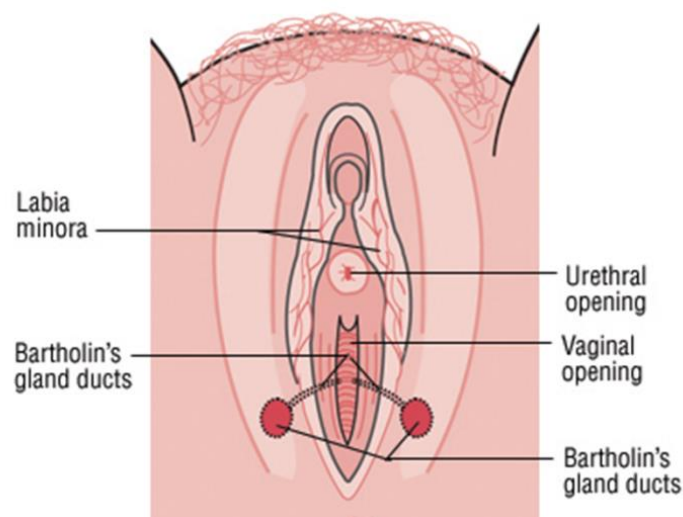


Patient information

Bartholin's cyst or abscess treatment

What is a Bartholin's Cyst?

The Bartholin glands lie near the entrance of the vagina. They produce fluid which lubricates the vagina through a small duct in each gland. A cyst may form if the duct becomes obstructed and if the cyst becomes infected then an abscess may form.



Approximately one in every 50 women develops a Bartholin's cyst or abscess. It can affect anyone, though it is more common in sexually active women at child-bearing age. In most cases the cause is unknown and there is little that can be done to prevent it.

Treatments

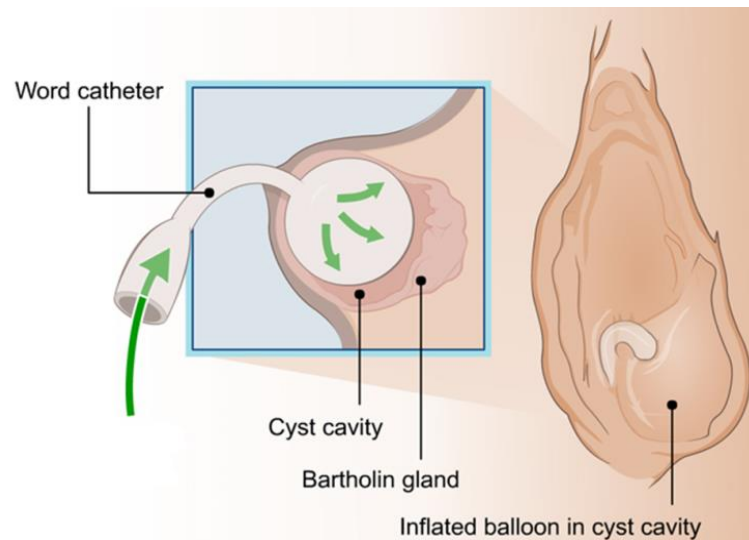
Conservative management of symptomatic cysts / abscesses may include warm baths, compresses, analgesia and antibiotics if appropriate.

Persistent and symptomatic cysts / abscesses are often treated surgically. Surgical procedures include:

- Insertion of a word catheter
- Marsupialisation
- Incision and drainage

Word catheters

Word catheters are thin rubber tubes around 3cm long with an inflatable balloon at one end. These are inserted under local anaesthetic. A small cut is made in the cyst / abscess and the fluid is drained. The head of the catheter is then inserted into the cyst and the balloon is inflated to keep the catheter in place. The aim of the catheter is to stop the opening from closing up, so that a new duct can form over the catheter. Keeping the new duct open helps to allow normal secretions from the Bartholin's gland to escape which can help prevent any further blockage in the future.



Risks associated with this procedure include:

- Discomfort
- Infection
- Bleeding
- Bruising
- Recurrence of cysts / abscess

Aftercare

After the procedure, it is normal to have a small amount of bleeding or discharge for a couple of days from the site. It is recommended not to have sex whilst the balloon is in place.

It is also important to keep the area clean by washing it at least twice a day. Do not use scented soaps, oils or powders as this may irritate the area. Also, we suggest that you use sanitary towels if you do experience any bleeding.

Follow up and results:

The Word catheter is usually left in place for at least four weeks to promote formation of a tract so any fluid can continue to drain.

- Before you leave the hospital, we will give you an appointment to return to F14 to have the Word catheter removed. At that time, we can check your progress and discuss any further treatment. The Word catheter may fall out before four weeks are over. This is not usually a problem and should still heal successfully. However, if it falls out within 5 days of having it put in we would recommend that you ring ward F14 on 01284 703235 / 703236.
- You will be informed of any abnormal test results if samples were taken.
- You can contact F14 before the scheduled appointment if you have any concerns.

The catheter may fall out, if it does please ring the gynaecology ward F14 on:
01284 703235 / 703236.

Marsupialisation

During this procedure, a small cut is made in the abscess and gland to allow the fluid to drain and then sewing the edges of the surrounding skin. This allows the incision to stay open so it can heal and the contents of the abscess can continue to drain. This helps to prevent another abscess from forming later as it allows for normal secretions from Bartholin's gland to drain. This cut will heal by itself eventually.

This procedure is done under general anaesthetic and so you will be asleep during the procedure. The surgery normally takes around 15 minutes. Sometimes a small gauze dressing is used which is left in the duct following the procedure to aid healing. You will be informed if this has been used and when it needs to be removed afterwards.

The doctors will explain the risks of this procedure to you when you sign to consent for the procedure.

Complications include:

- Infection

- Bleeding
- Incomplete drainage
- Recurrence

Incision and drainage

Incision and drainage can be used to treat other types of cysts or abscess. This procedure is a small cut in the cyst or abscess and letting it drain. This can be done with either a local or general anaesthetic.

It is not usually recommended for cysts / abscesses affecting the Bartholin's gland as it does not help the duct to stay open. This means there is a higher chance of the Bartholin's duct becoming blocked again, which in turn may lead to another cyst or abscess in the future.

For further information or if you have any queries

Please contact the nurses on ward F14 (gynaecology ward) on 01284 703235 / 703236

More information can be found at NHS choices:

<https://www.nhs.uk/conditions/Bartholins-cyst/>

West Suffolk NHS Foundation Trust is actively involved in clinical research. Your doctor, clinical team or the research and development department may contact you regarding specific clinical research studies that you might be interested in participating in. If you do not wish to be contacted for these purposes, please email info.gov@wsh.nsh.uk. This will in no way affect the care or treatment you receive.

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the website for AccessAble (formerly DisabledGo)

<https://www.accessable.co.uk/organisations/west-suffolk-nhs-foundation-trust>



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