

## Patient information factsheet

# Treating a Bartholin's cyst or abscess

We have given you this factsheet because you have been diagnosed with a Bartholin's cyst or abscess and need treatment. This factsheet includes details on what a Bartholin's cyst and abscess are, what the various treatments involve and the possible risks of having treatment. We hope it will help to answer some of the questions you may have. If you have any further questions or concerns, please speak to a member of our team.

### What is a Bartholin's cyst?

The Bartholin's glands lie near the entrance to the vagina. They make a fluid which lubricates the vagina. Sometimes the tiny ducts (tubes) that carry the fluid from the glands can become blocked. This can cause a swelling, which you can feel and may be painful, called a Bartholin's cyst (a fluid-filled lump).

### What is a Bartholin's abscess?

If the cyst becomes infected, this is known as a Bartholin's abscess. Symptoms can include pain, heat, redness and swelling. You may find it difficult to walk and you may be unable to sit down. You may also be reluctant to pass urine or have sexual intercourse.

### What causes a Bartholin's cyst or abscess and how common are they?

Around one in every 50 women develops a Bartholin's cyst or abscess. Although it is more common in sexually active women between the ages of 20 and 30 years, it can occur in any age group.

In most cases the cause is unknown and there is little that can be done to prevent it. In a few cases, a Bartholin's abscess may be caused by the normal bacteria in the vagina infecting the cyst. On rare occasions, it may be caused by a sexually transmitted infection, such as chlamydia or gonorrhoea.

### Do I need any tests to confirm that I have a Bartholin's abscess?

No. A doctor or a nurse will diagnose an abscess by asking you about your symptoms and by examining you.

If you choose to have your Bartholin's abscess treated, we may take a swab test during the procedure. This is so that we can identify the type of bacteria causing the abscess.

### What treatments are available?

If it turns out to be a Bartholin's cyst and it doesn't bother you, it's often better to leave it alone.

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If the cyst is painful, your GP may recommend:

- soaking the cyst or abscess in warm water, or using a warm compress, several times a day for 10 to 15 minutes
- taking regular pain relief, such as ibuprofen and paracetamol (if you are not allergic)
- taking antibiotics

If the abscess is large and painful, or does not respond to the above, you may need to have one of the following procedures:

- Word balloon catheter insertion
- marsupialisation

## Word balloon catheter insertion

### What happens during a Word balloon catheter insertion?

This is a safe and simple outpatient procedure and will be performed in the early pregnancy and gynaecology assessment unit (EPU/GAU).

We will inject a local anaesthetic into the area of the enlarged gland to numb it so it is not painful. We will then make a small cut in the abscess or cyst to drain out the fluid. We may flush the cavity with some sterile fluid. We will then insert a Word balloon catheter (a thin, flexible tube with a small, inflatable balloon on one end) into the empty abscess or cyst. The balloon will then be filled with a small amount of sterile fluid. This will increase the size of the balloon so it fills the abscess or cyst. The catheter will stay in place for three to four weeks while new cells grow around it (epithelialisation). This means the surface of the wound heals, but a drainage passage is left in place.

The procedure will take approximately 10 to 15 minutes.

### What are the benefits of a Word balloon catheter insertion?

The benefits of this procedure include:

- avoiding having a general anaesthetic and its associated risks
- avoiding vomiting after an operation
- a shorter hospital stay
- less interference with your normal day-to-day activities
- no need for an escort from hospital
- no need to avoid eating before the procedure
- it can be performed as an emergency to relieve symptoms without waiting for a theatre space

### What are the risks associated with a Word balloon catheter insertion?

There are risks associated with any procedure. We will explain these risks to you before you sign a consent form. Please ask us any questions if you are uncertain.

The most common risks or complications from this procedure include:

- infection
- bleeding
- incomplete drainage – sometimes the balloon may be too full and may cause some pain so we may need to deflate it slightly
- recurrence (occurring again) – approximately 1 in 10 women

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## How should I prepare for the procedure?

You can eat and drink normally before your procedure.

You should take pain relief, such as paracetamol or ibuprofen (if you are not allergic), approximately one hour before your appointment. This will help with any discomfort or pain you might experience during or after the procedure.

You may wish to bring a friend or relative with you. However, we would advise against bringing young children who require supervising.

## When can I leave hospital?

If you have the insertion in our EPU/GAU, we will offer you a drink and time to rest after the procedure. We recommend that you stay for about half an hour or until you feel well enough to go home.

## What medicines will I need to take?

You may require a course of oral antibiotics. We will give you these before you leave hospital. Please make sure that you complete the entire course of antibiotics that we prescribe you. Please let us know if you have allergies to any medicines.

## What can I expect after the procedure?

We advise that you rest for a day. Most people will be able to resume day-to-day activities after this period.

You may notice a small amount of discharge or bleeding from the site of the balloon catheter for a couple of days. We advise you to wear a panty liner and change this frequently.

We advise against having sexual intercourse until your catheter is removed. The Word catheter should not interfere with sexual intercourse, but you may find it more uncomfortable and there is a higher risk of the catheter dislodging.

We recommend using sanitary pads instead of tampons if your period starts during or shortly after the procedure.

## Looking after your Word catheter

Once you are at home, the following steps can help keep your catheter clean:

- sitting in a bath of warm water
- regularly having a bath or shower, or using a bidet
- using a cool hair dryer instead of a towel for drying. If you use a towel, gently pat the area dry rather than rubbing

## When will I return to hospital?

We will leave the catheter in place for up to four weeks to allow new skin to form around the passage and for the wound to heal. You will then need to return to the hospital to have the balloon deflated and removed, allowing the gland to drain through the newly formed passage. We will give you a follow-up appointment to return to the EPU/GAU.

If the catheter falls out on its own, don't be alarmed. This is usually a sign that a new duct (channel) has formed, which is the aim of the procedure. Please contact us so we can cancel your follow-up appointment to remove the catheter on **023 8120 8412**.

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## Marsupialisation

### What happens during a marsupialisation?

If a cyst or abscess keeps coming back, a surgical procedure known as marsupialisation may be used.

This procedure will be performed in the day surgery unit. You will be put under general anaesthetic, which means that you will be asleep for the procedure.

We will make a small cut in the cyst or abscess to drain the fluid. We will then sew the edges of the surrounding skin to create a small 'kangaroo pouch', which will allow any further fluid to drain out. This prevents another abscess from forming later. The small cut will completely heal by itself eventually. We may loosely pack the area with a special gauze dressing made of ribbon-shaped material. This is to soak up fluid from the wound and to stop any bleeding or leaking from the site.

The procedure usually takes 10 to 15 minutes.

### What are the risks associated with a marsupialisation?

There are risks associated with any surgery. We will explain these risks to you before you sign a consent form. Please ask us any questions if you are uncertain.

The most common risks or complications from this procedure include:

- infection
- bleeding
- incomplete drainage
- recurrence (occurring again) – approximately 1 in 10 women

### What can I expect after the procedure?

You may notice some ribbon gauze and a few stitches (sutures) around your wound. We will remove this gauze before you leave hospital and the stitches are dissolvable.

You may also notice a small amount of discharge or bleeding for a couple of days. We advise you to wear a panty liner and change this frequently.

We recommend you avoid having sexual intercourse until the wound has completely healed, which usually takes about two weeks.

### What medicines will I need to take?

We will give you pain relief, such as paracetamol or ibuprofen (if you are not allergic), if required. This will help with any discomfort or pain you might experience during or after the procedure.

You may require a course of oral antibiotics. We will give you these before you leave hospital. Please make sure that you complete the entire course of antibiotics that we prescribe you. Please let us know if you have allergies to any medicines.

### When can I leave the hospital?

You should be able to go home two to four hours after the operation.

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## Looking after your wound

Once you are at home, the following steps can help keep your wound clean:

- sitting in a soothing bath of warm water
- regularly having a bath or shower, or using a bidet
- using a cotton bud to gently clean the inside of the wound
- using a cool hair dryer instead of a towel for drying. If you use a towel, gently pat the area dry rather than rubbing

The dissolvable stitches will usually fall out after ten days. If you are worried about your wound in any way or the stitches don't fall out as they should, please go to your GP for advice.

## When will I return to hospital?

You will not need any further hospital appointments. If you have any concerns or questions after your surgery, please contact your GP.

## Asking for your consent

We want to involve you in decisions about your care and treatment. If you decide to go ahead with one of the above procedures, we will ask you to sign a consent form. This will state that you agree to have the treatment and you understand what it involves. If you would like more information about our consent process, please speak to a member of our team.

## What should I do if I have a problem?

If you have one or more of the following symptoms, please contact us immediately:

- bleeding
- increase in pain
- redness or swelling
- high temperature (38°C or above)

## Contact us

If you have any questions or concerns, please contact us.

Early pregnancy unit

Telephone: **023 8120 8412** (9am to 6pm, Monday to Friday)

Outside of these hours, please contact the Bramshaw gynaecology ward or **NHS 111** for advice.

Bramshaw gynaecology ward

Telephone: **023 8120 6035**

In the event of an emergency, please go to your nearest emergency department or call **999**.

## Useful links

[www.nhs.uk/conditions/bartholins-cyst/treatment](http://www.nhs.uk/conditions/bartholins-cyst/treatment)

[www.nice.org.uk](http://www.nice.org.uk)

[www.rcog.org.uk](http://www.rcog.org.uk)

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For help preparing for your visit, arranging an interpreter or accessing the hospital please visit **[www.uhs.nhs.uk/additionalneeds](http://www.uhs.nhs.uk/additionalneeds)**