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Patient information

Bartholin cyst / abscess

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The Bartholin glands are a pair of pea-sized glands that are found just inside the opening of the vagina. They secrete a fluid, which acts as a lubricant during sexual intercourse. The glands have tiny tubes and ducts which can become blocked, causing the gland to become full of mucus. This then becomes a cyst. If the cyst becomes infected it is then known as an abscess and can be very painful.

Symptoms

Most cysts do not cause any symptoms and are usually found during a routine smear or examination. However, if a cyst grows very large, it can feel uncomfortable and become noticeable during sexual intercourse or when walking, for example. Sometimes the cyst can affect the labia majora (the fleshy area around the opening of the vagina), usually on one side, making the area look swollen or bigger than usual. If an abscess develops it is usually red, very painful and tender to tough. It can also cause a fever.

Causes

The cause of Bartholin's cysts is unknown. However, in some cases they are thought to be caused by an injury, infection or a sexually transmitted infection (STI).

Several different types of bacteria can cause an infection that blocks the duct. Some types of bacteria can be passed on through sexual contact while others are found in the environment. Bacteria that may cause a Bartholin's cyst include:

- Gonococcus: Usually responsible for gonorrhoea (a sexually transmitted infection) and may be responsible for around a third of Bartholin's cysts,
- Chlamydia trachomatis: Usually responsible for chlamydia (another sexually transmitted infection).
- Escherichia coli: Often responsible for food poisoning,
- Streptococcus pneumoniae: Responsible for pneumococcal infections, such as infections of the inner ear or sinuses,
- Haemophilus influenza: Responsible for a number of infections such as epiglottitis, an
 infection of the epiglottis, an infection of the epiglottis (the flap of tissue at the back of your
 throat).

If you have any other symptoms, such a vaginal discharge, itching or pain, you should visit your GP or GUM (genito-urinary medicine) clinic as soon as possible. If you do have an STI, the sooner treatment is received the better. If there is a chance that you have an STI you should refrain from having sex until you know the results of your tests and have completed your treatments, as required.

Diagnosis

Diagnosis of a Bartholin's cyst usually requires and examination by your GP. If there is a chance that you may have a sexually transmitted infection (STI), they may also advise that you have further tests to diagnose the type of STI that you have. Women over 40 years of age may be advised to have a biopsy of the cyst tested, to rule out the possibility of vulvar cancer, which can sometimes resemble a cyst. However, this type of cancer is relatively rare.

Treatment

If the cyst is small and not causing any symptoms, no treatment is needed.

However, women over 40 are always advised to have a biopsy taken. If a cyst becomes an abscess, antibiotics may be required to clear the infection. A simple incision of the cyst is not recommended because it will often simply return.

Marsupialisation: Rather an elliptical incision is made over the cyst, and the skin edges are stitched back to create a small pouch which allows any further fluid to drain. This procedure is called marsupialisation.

When the procedure is complete, the treated area may be loosely packed with gauze to soak up fluid from the wound and stop any bleeding. This will be removed before you go home. Bartholin's Cyst treatment is routinely managed as a day case surgery meaning that it should not involve an overnight stay in hospital.

Insertion of a Word catheter

This is a small, thin rubber tube; the head of the catheter is inserted through a small cut made into the cyst or abscess. The tip of the catheter has a tiny balloon which is blown up to keep the catheter in place for two to three weeks or until falls out. Whilst the catheter is in place it is possible to continue activities as normal. The aim is to keep the opening from closing up. As the tissues heal, it allows the cells to form a new tube (duct) over the catheter.

Gland excision

This is the removal of Bartholin's gland. The procedure can take up to an hour to complete and is performed under a general anaesthetic.

If you are taking regular anticoagulation medication such as Warfarin or Apixaban you should make the medical staff aware as you may be required to stop this medication prior to having your surgical procedure.

What to Expect Before the Procedure

Procedure Consultation

- The doctor and nurse in GDAU will discuss your symptoms and medical history.
- A physical examination will be performed to confirm the diagnosis.

Informed Consent

 You will be asked to sign a consent form allowing the procedure to be performed. Be sure to ask any questions you may have.

The Preparation if your procedure is booked under general anaesthesia

- A general anaesthetic involves a combination of drugs which makes you unconscious, so you are completely unaware throughout your operation
 - You will be instructed to avoid eating or drinking for at least six hours before the procedure if this is performed under general anaesthesia
- You should take your normal medication to the hospital. The staff will advise you on how to take it on the day of the operation.

- It is normal to feel anxious about an operation. To help you relax before and after your surgery, think about bringing some headphones and music with you, or something to read. Consider learning some breathing exercises or relaxation techniques.
- On the morning of your operation (or the previous evening), you should have a bath or shower, as this can help to reduce the risk of infection.
- Make sure you have some over-the-counter painkillers (to take as advised by the hospital or clinic) and some panty liners available at home.
- You should arrange for an adult to take you home and be with you the first night at home
 after surgery. If you have other you care for, you should arrange appropriate help for them
 too.
- You should be able to drive 24 hours after your anaesthetic or sedation, provided you feel well enough to do so.
- You may consider taking one or two days off work to recover if you find this necessary,

The doctor will advise you what type of the procedure will be suitable following your examination and if this is done under local anaesthesia or under general anaesthesia(put you to sleep).

After the Procedure

Recovery

You will be monitored for a short period after the procedure. Most patients can go home the same day.

Pain Management

Mild pain or discomfort is normal. Over-the-counter pain relievers can help manage this.

Wound Care

Keep the area clean and dry. Have showers rather than bath and wear cotton underwear. You will be advised to take things easy for a few days. You should avoid having sexual intercourse until the wound has completely healed, which usually takes about two weeks.

A follow-up appointment may be scheduled to ensure proper healing and to check for any signs of infection.

Potential Risks and Complications

While incision and drainage are generally safe, there are some risks involved, including: infection, bleeding from the wound site, recurrence of the cyst or abscess, scarring. Using pain relief, such as paracetamol or ibuprofen should be effective following the procedure. Always read the manufacturer's instructions when using over the counter medication.

Contact GDAU if you experience any of the following after the procedure

	Increased	pain or	swelling;	fever	or chills,	redness	or warm	th around	the i	ncision;	pus (Ol
(discharge	from th	e incision	site								

| Admission of | date . |
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| Admission t | ime . |
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How to contact us

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or

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Language

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