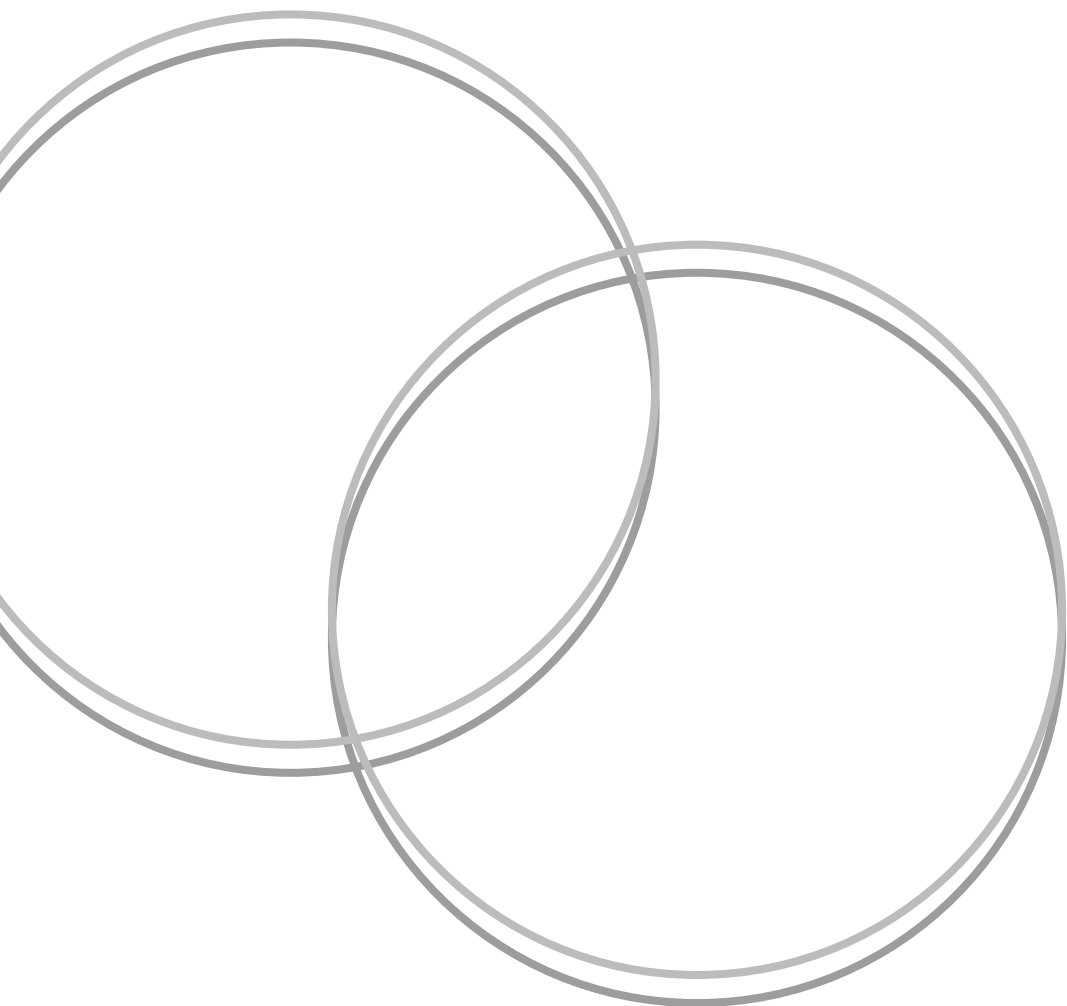




Oxford University Hospitals
NHS Foundation Trust

Bartholin's cyst or abscess

Information for patients



The aim of this information leaflet is to answer some of the questions you may have about the treatment of a Bartholin's cyst or abscess. If you have any questions or concerns, please do not hesitate to speak with your healthcare professional.

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 tubes that carry the fluid from the glands can become blocked. This can cause a swelling, which you can feel but is not painful, called a Bartholin's cyst (a fluid-filled lump).

What is a Bartholin's abscess?

If the gland or cyst becomes infected, this is known as a Bartholin's abscess. Symptoms may include pain, heat, redness and swelling. You may find walking difficult and you may be unable to sit down. It may be too painful to pass urine or have sexual intercourse.

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

It is estimated that 2% of women will develop a Bartholin's cyst or abscess in their lifetime. It can occur at any age, but is most common between the ages of 20 and 30. In most cases, the cause is unknown and there is little that can be done to prevent it. Bartholin's abscess can be caused either by bacteria normally occurring in the vagina infecting the cyst.

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

No. A healthcare professional will diagnose an abscess by finding out about your symptoms and examining you. However, they may take a swab test to identify the type of bacteria causing the abscess.

What happens if I do not get treatment?

A cyst may heal by itself and in this case no treatment is needed. However, if the cyst or abscess remains persistent or is not responsive to antibiotics it will require further review.

Asking for your consent

We want to involve you in decisions about your care and treatment. If you decide to go ahead with treatment, you will be asked to sign a consent form. This states that you agree to have the treatment stated on the consent form and you understand what it involves. Please speak to a doctor or nurse if you have any questions about your treatment.

If you would like more information about our consent process, please speak to a member of staff caring for you.

What treatments are available?

Antibiotics

In some cases you will be treated with antibiotics which will clear up the infection and no further treatment is necessary.

Drainage

If the abscess is large and painful, or does not respond to treatment with antibiotics, you may need to have it drained. There are two possible options available to you. There are risks and benefits associated with each procedure and your doctor will discuss them with you when you sign the consent form.

Your two options:

Option 1: 'Word' balloon catheter insertion

What happens during 'Word' balloon catheter insertion?

A balloon catheter works by making an incision under local anaesthetic (LA) to open the cyst. An incision is made into the cyst or abscess and is drained. The balloon catheter consists of a 3cm stem and inflatable balloon tip is then inserted into the area where the incision has been made and inflated with 2 to 4mls of sterile water to secure in place to allow continual free drainage of the fluid from the cyst. The balloon catheter should remain in place for up to four weeks to allow wound healing and then removed

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

The most common risks or complications from this procedure include:

- an 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 – the risk is very low, four in 100 people experience a recurrence.

When can I leave hospital?

You should be able to go home around 30 minutes after the procedure, however there may be a wait for a prescription of pain relief and/or antibiotics to be given to you, if they are required as part of your treatment.

What medicines will I need to take?

If required, you will be prescribed some painkillers and a course of antibiotics which will be ordered from the pharmacy by the nurse looking after you. Please make sure that you complete the entire course of antibiotics that are prescribed for you. Let us know if you have any allergies to any medicines.

What can I expect after the procedure?

You may notice a small amount of discharge or bleeding for a couple of days from the site of the balloon catheter. Please use sanitary towels only, not tampons. You are recommended to rest for a day after the procedure. Most people will be able to resume day to day activities after this time. It is recommended that you do not have sexual intercourse until the catheter is removed.

When will I return to hospital?

The catheter is left in place for four weeks to allow new skin to form around the passage and for the wound to heal. Sometimes the catheter will fall out, and sometimes you will need to return to the hospital to have the balloon deflated and removed. If the word catheter is still in place after four weeks, then please contact Gynaecology Triage, for removal and review. Contact details can be found at the end of this leaflet. This number is open 24 hours a day, 7 days a week.

Option 2: Marsupialisation

What happens during a marsupialisation?

You will have your surgery under general anaesthetic which means that you will be asleep and will not feel any pain. The doctor will make a small cut in the abscess and gland to release the fluid, sewing the edges to the surrounding skin. This is done to keep the cut open so it can heal and for the contents of the abscess to drain out. This prevents another abscess from forming later. The small cut will completely heal by itself eventually. The surgery usually takes 10 to 15 minutes.

What are the risks associated with a marsupialisation?

The most common risks or complications from this surgery include:

- an infection
- bleeding
- incomplete drainage
- recurrence of the abscess – the risk is very low, five to 15 women out of 100 experience a recurrence.

What can I expect after the operation?

You may notice a few stitches (sutures) after returning from theatre. The stitches are dissolvable which means they will be absorbed inside your body and do not require removal. You may notice a small amount of discharge or bleeding for a couple of days.

The stitch ends and the knot usually fall off after 10 days. If you are worried about your wound in any way, or the stitches don't fall away as they should, please go to your GP for advice.

What medicines will I need to take?

If required, you will be given a prescription for some painkillers and a course of antibiotics, which will be ordered from the pharmacy by the nurse looking after you. Please make sure that you complete the entire course of antibiotics that are prescribed for you. Let us know if you have any allergies to any medicines.

When can I leave the hospital?

You should be able to go home two to four hours after the operation. Sometimes patients need to stay on the ward overnight due to returning late from theatre or requiring intravenous (IV) antibiotics. The nurse looking after you will discuss this with you.

Looking after your wound

Once you get home, you can help your wound heal and reduce the chance of it becoming infected by:

- keeping the area clean by washing it with warm water each day
- after washing, dry the area with cool hair dryer instead of a towel, which can be too rough on the skin. If you must use a towel, gently pat the area dry rather than rubbing.

When will I return to hospital?

If you have any concerns or questions following your surgery, you can contact your GP or the gynaecology triage team. You will not need any further hospital appointments.

What should I do if I have a problem?

If you have one or more of these symptoms following either procedure, please contact the gynaecology triage team:

- bleeding
- increase in pain
- redness or swelling
- high temperature (38.0C or above).

Contact details are given below.

Contact us

If you have any questions or concerns please contact the gynaecology triage team on:

Telephone: **01865 222 011**

(This number is open 24 hours.)

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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Oxford University Hospitals NHS Foundation Trust
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