

# Treating a Bartholin's cyst or abscess

**The aim of this information leaflet is to help 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 doctor or nurse.**

## 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 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. You may also be reluctant to pass urine or have sexual intercourse.

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

Around one in every 50 women develops a cyst or abscess. Although it is more common in sexually active women between the ages of 20-30 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 only, a Bartholin's abscess may be caused by bacteria normally occurring in the vagina that infect the cyst and cause it to become an abscess, or 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 finding out about your symptoms and examining you.

However if you choose to have surgery, a swab test is often taken during the procedure. This is so that we can identify the type of bacteria causing the abscess.

## What happens if I do not get treatment?

A cyst may heal by itself and no treatment is needed. But if you have an abscess, it may continue to cause pain and could burst without treatment. You may continue to suffer and the problem often comes back.

## Asking for your consent

We want to involve you in decisions about your care and treatment. If you decide to go ahead, you will be asked to sign a consent form. This states 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 staff caring for you.

## Day surgery under local/general anaesthetic

If your treatment involves surgery, this will be done in the Day Surgery Unit (DSU). You should also receive the leaflet, **Your day surgery under local/general anaesthetic**. This gives you information about how to prepare for day surgery, what to bring with you on the day of your surgery and when you can expect to go home. If you do not have a copy, please ask us for one.

## What treatments are available?

### Antibiotics

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

### Procedures - including surgical procedures

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

## 1. 'Word' balloon catheter insertion

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

This procedure is offered to women under 40 years old. This safe and simple outpatient procedure is performed in the Early Pregnancy and Gynaecology Unit (EPAGU). The treatment involves making a passage/channel from the cyst or abscess through which the gland can drain. The whole procedure takes around 15 minutes. The area is cleaned and a local anaesthetic is given. A small cut is made in the area of the abscess and a small flexible tube (catheter) with a small balloon at its tip is inserted to create a passage. The balloon is then inflated with a liquid.

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

There are risks associated with any procedure. Your doctor or nurse will explain these risks to you before you sign a consent form. Please ask questions if you are uncertain.

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?

If you have the insertion in our EPAGU you should be able to go home around 30 minutes after the procedure.

### **What medicines will I need to take?**

You will be given a prescription for some painkillers and a course of antibiotics, which you will need to take to the hospital outpatient pharmacy. 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. You are recommended to rest for a day. Most people will be able to resume day to day activities after this period. 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 three 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.

You will be given a follow up appointment to return to the EPAGU.

## **2. Marsupialisation**

### **What happens during a marsupialisation?**

You will have your surgery at the Day Surgery Unit 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 10–15 minutes. The area may or may not be loosely packed with a special gauze dressing (pack) made of ribbon shaped material. This is to soak up fluid from the wound, stopping any bleeding or leaking from the site.

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

There are risks associated with any surgery. Your doctor or nurse will explain these risks to you before you sign a consent form. Please ask questions if you are uncertain.

The most common risks or complications from this surgery include:

- an infection
- bleeding
- incomplete drainage
- recurrence – 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 ribbon gauze used for packing and few stitches (sutures) after returning from theatre. The gauze is removed prior to you being discharged from hospital and the stitches are dissolvable. You may notice a small amount of discharge or bleeding for a couple of days.

### **What medicines will I need to take?**

You will be given a prescription for some painkillers and a course of antibiotics, which you will need to take to the hospital outpatient pharmacy. 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.

### **Looking after your wound**

Once you get home, the following steps can help:

- sitting in a soothing bath of warm water
- keeping the area clean by regular use of a bath, shower or bidet
- using a cool hair dryer instead of a towel for drying.

Dissolvable stitches are applied to the skin during the surgery. These stitches usually fall out after 10 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?**

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

## **3. Excision**

### **What happens during excision?**

For women over 40, the cyst or abscess is removed in the Day Surgery Unit under general anaesthetic which means that you will be asleep and will not feel any pain. This surgery is necessary so that we can fully examine the area when we remove the cyst or abscess.

During excision the entire gland is removed. This procedure is only considered when an abscess has recurred on several occasions. As result of excision, the gland will no longer function which means that your body will produce less mucous.

### **What are the risks associated with an excision?**

There are risks associated with any surgery. Your doctor or nurse will explain these risks to you before you sign a consent form. Please ask questions if you are uncertain.

The most common risks or complications from this surgery include:

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

### **When can I leave hospital after excision?**

You can go home once the ribbon gauze has been removed by the doctor or the nurse looking after you and you have passed urine. Alternatively, you can be referred to the GP practice nurse who will remove the dressing and manage your wound. You may leave hospital on the same day as you have your surgery or the next day. You may also be prescribed antibiotics for you to take home to reduce the risk of infection. It is important you finish the entire course.

### **Looking after your wound**

Once you get home, the following steps can help:

- sitting in a soothing bath of warm water
- keeping the area clean by regular use of a bath, shower or bidet
- using a cool hair dryer instead of a towel for drying.

Dissolvable stitches are applied to the skin during the procedure; these stitches usually fall out after 10 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.

### **Will I be in pain?**

There will be some discomfort following your surgery which will be controlled with painkillers. Your doctor will prescribe painkillers for you to take home with you if you want them.

### **When can I have sexual intercourse?**

Please do not have sexual intercourse for two weeks following your surgery to avoid infection and to allow the area to heal.

### **When can I return to work?**

Please ask your doctor or your nurse before you go home. Every patient reacts differently to surgery and anaesthetic, and there is no definite rule as to when you can return to work.

Usually you will not be able to return to work within 24 hours of your surgery. It is advisable to have some rest to allow healing and to let the anaesthetic wear off properly. Please do not return to work until you feel ready to do so.

### **Fit note**

Obtaining a fit note whilst in hospital means you do not have to make an appointment with your GP on discharge where it is only to obtain a fit note for your employer, so it is more convenient for you. If you feel that you will require a fit note, inform the clinician looking after you before you are discharged or leave the Day Surgery Unit or EPAGU. The hospital doctor will be able to provide you with this.

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

If you have one or more of the following symptoms, please contact the Early Pregnancy and Acute Gynaecology Unit (EPAGU)

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

Contact details for EPAGU are given below.

## Contact us

If you have any questions or concerns please call EPAGU on 020 7188 0864. Please tell us if you need to speak with a nurse.

Alternatively, call the hospital switchboard on 020 7188 7188 and ask for the bleep desk. You will then need to ask the bleep number 2591. Please wait for a response from the nurse.

EPAGU is open  
8.30am to 6.30pm Monday to Friday  
9.30am to 3.15pm Saturday and Sunday.

Out of hours, please contact the Gynaecology ward on 020 7188 2703 or 020 7188 2697 (open 24 hours).

## Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.

**t:** 020 7188 8748 9am to 5pm, Monday to Friday

## Your comments and concerns

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.

**t:** 020 7188 8801 (PALS)      **e:** [pals@gstt.nhs.uk](mailto:pals@gstt.nhs.uk)  
**t:** 020 7188 3514 (complaints)      **e:** [complaints2@gstt.nhs.uk](mailto:complaints2@gstt.nhs.uk)

## Language and accessible support services

If you need an interpreter or information about your care in a different language or format, please get in touch:

**t:** 020 7188 8815      **e:** [languagesupport@gstt.nhs.uk](mailto:languagesupport@gstt.nhs.uk)

## NHS 111

Offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.

**t:** 111

## NHS Choices

Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health.

**w:** [www.nhs.uk](http://www.nhs.uk)

## Get involved and have your say: become a member of the Trust

Members of Guy's and St Thomas' NHS Foundation Trust contribute to the organisation on a voluntary basis. We count on them for feedback, local knowledge and support. Membership is free and it is up to you how much you get involved. To find out more, and to become a member:

**t:** 0800 731 0319      **e:** [members@gstt.nhs.uk](mailto:members@gstt.nhs.uk)      **w:** [www.guysandstthomas.nhs.uk/membership](http://www.guysandstthomas.nhs.uk/membership)

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