Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

# Bartholins Cyst/Abscess

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# Bartholin’s Cyst / Abscess

## Patient Information

## Gynaecology Service

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## What is a Bartholin's Cyst or Abscess?

The Bartholin's glands lie at the entrance to the vagina and secrete mucus. The ducts to these glands can become blocked, causing a swelling called a cyst (a fluid filled lump). If the cyst becomes infected, an abscess forms containing pus. It is not certain why the ducts become blocked causing these cysts.

## Symptoms

- A tender lump on either side of the vaginal opening
- Discomfort caused by any pressure on the area such as walking or sitting
- Pain with sexual intercourse

## Treatment

Treatment for patients with cysts or abscesses will vary dependent on the size of the swelling, how painful it is and whether it is infected.

- Soaking in warm water two to three times daily for several days usually provides some relief. This may cause the abscess to open up and drain on its own. However, this does not always solve the problem because the site of rupture is often small and closes quickly, before the drainage is complete.
- Antibiotics may be prescribed and will sometimes cure a small abscess

- Surgical incision, which results in complete drainage of the abscess provides good relief and usually speeds recovery

## Surgery

The procedure is called “Marsupialisation” of Bartholin’s abscess (or cyst).  Marsupialisation literally means making a pouch and involves making a small incision (cut) into the abscess to open it up and allow the pus to drain away. A swab may be taken at the time to check for infection.

A specially designed balloon catheter, which a small flexible tube with a balloon at the end, is inserted into the abscess or cyst cavity through the incision (cut), and the balloon is inflated with saline to secure it in place. A stitch may be used to partially hold the catheter in place. The catheter will stay in, usually for up to 4 weeks, after which it is deflated and removed. This is normally painless.

The most common risks or complications from this procedure include:

- bleeding
- infection
- incomplete drainage – sometimes the balloon may feel too full and may cause some discomfort so we may have to deflate it slightly to make it more comfortable.
- recurrence – the risk is very low, 4 in 100 people can have a recurrence

The operation can be performed under local anaesthetic in the treatment room and takes 10 to 15 minutes. You will feel stinging as the anaesthetic is injected but usually the rest of the procedure is only slightly uncomfortable.  Using local anaesthetic means that the procedure can be done without a long delay and avoids the need to be admitted to hospital.

It can also be performed under general anaesthetic (fully asleep).  During surgery a small wick of gauze may be inserted into the cavity to help the abscess drain and prevent the cavity from healing over too quickly.  This wick will be removed before you go home. Stitches are placed at the edges of the incision after drainage to keep the wound open until the abscess has completely drained away.

- The most common risks or complications from this surgery include:
- bleeding
- infection
- incomplete drainage
- recurrence – the risk is very low, but five to 15 women out of 100 can have a recurrence

## After surgery

There will be some discomfort following surgery which will be controlled with pain killers as required.  If a balloon catheter has been used, this will remain in place for 4 weeks. If a gauze wick has been used it will be removed before you go home.  It is important to keep the area clean and you are advised to have daily baths, showers or a bidet.  A small discharge will be expected as the abscess continues to drain, and panty liners can be worn. Any stitches used should dissolve after ten days.

If you have a general anaesthetic, the average hospital stay is 24 hours and normal activities can usually be resumed within two to three days, although discomfort may persist longer than this.  Usually the cyst/abscess is permanently cured but occasionally it can recur at a later date.

## Any questions or worries you may have

If you have any questions before you leave hospital, please feel free to ask your nurse.  If you have any worries when you get home, you can either ring your GP, or contact the ward on the numbers shown below:

**Ward 3, Leigh Infirmary**, 01942 264260 or 264261 (days)

**Swinley Ward, Royal Albert Edward Infirmary**, 01942 822568 (nights and weekends)



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