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NHS
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Treatment of Bartholin's cyst or abscess

What is a Bartholin's gland?

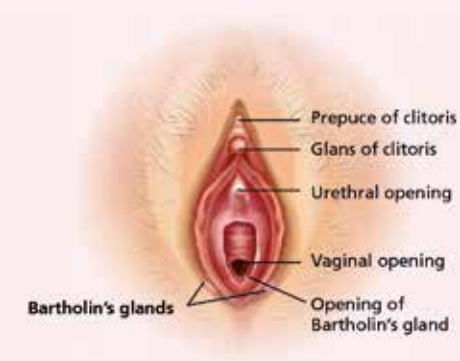
Bartholin's glands are located on either side of the vaginal wall at the 4 and 8 o'clock positions, with a primary role of secreting mucus to keep the vagina moist. Although the cause is largely unknown, two in every hundred women may develop the following:

Bartholin's cyst: Develops when the duct between the gland and the vagina becomes blocked, forming a cyst (fluid filled sac). It is not usually painful.

Bartholin's abscess: Occurs when the cyst becomes infected and contains pus. It can be very painful and can vary in size.

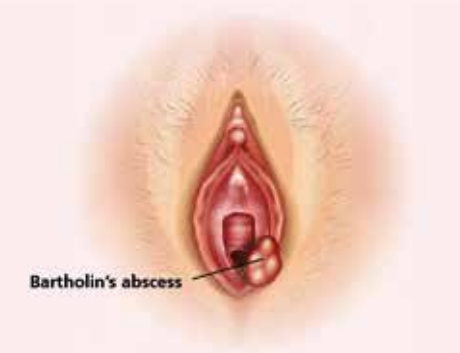
Bartholin's cyst & abscess formation

Normal anatomy



Bartholin's cyst

Bartholin's abscess



Bartholin's gland: These pea-sized glands produce fluid that lubricates the vagina.

Bartholin's cyst: If the openings of the glands become obstructed, fluid can back up into them causing the glands to swell.

Bartholin's abscess: If the cyst becomes infected it can lead to a Bartholin's abscess.

What are the surgical options?

1. Insertion of a Word balloon catheter

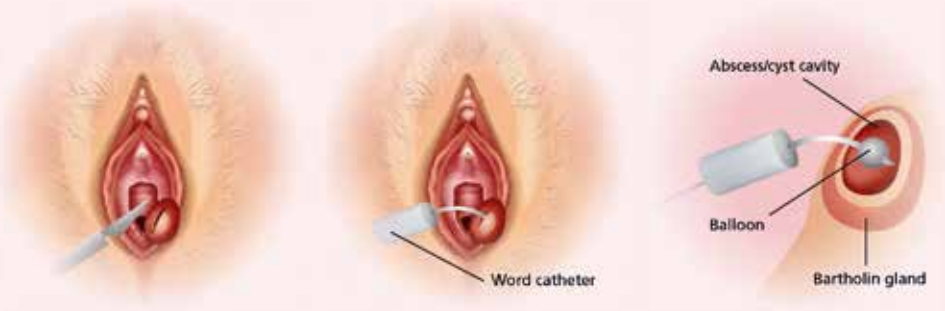
A simple procedure performed under local anaesthetic. Once the area is numb, a small cut is made into the abscess in order to drain the pus or mucus. Your doctor will then insert a small Word catheter (tube) into the incision, which will stay in place with an inflated balloon. This will provide an opening for the abscess to continue draining. You can return to normal exercise and sexual intercourse within 3 days and take regular pain relief as required. The Word catheter will be removed after 4 weeks, allowing time for the tissues to heal. It is usually not a problem if the Word catheter falls out before 4 weeks, but a new one should be inserted if it falls out within 5 days of insertion.

2. Marsupialisation

If the cyst or abscess keeps coming back, then marsupialisation is an option. This is performed under general anaesthetic as a day case procedure. A small incision is made in order to drain the pus or mucus. The cavity is kept open with dissolvable stitches. There may be a small gauze put in to reduce bleeding, which will be removed before you go home.

3. Surgical removal of Bartholin's gland

This is usually only performed in recurrent cases. The gland is surgically removed under general anaesthetic. There is no guarantee of removal as it can sometimes be too small to identify clearly.



How can this be managed without surgery?

- If you do not have pain, then it is best to leave it alone.
- A small cyst or an abscess that has begun to discharge will self-resolve with time. Regular pain relief such as paracetamol or ibuprofen and soaking in warm water can help relieve symptoms.
- Small abscesses can be treated with a short course of antibiotics.
- You should seek attention if symptoms have not improved within 1 week of conservative management.

What are the risks of surgical management?

- Wound infection
- Incomplete drainage
- Recurrence
- Bleeding
- Pain when passing urine/ during sexual intercourse – usually resolves once the wound is healed.

What should I do after surgical management?

- Take regular pain relief as required
- Avoid tight fitting clothes
- Avoid sexual intercourse until wound has healed
- Take daily showers/baths. Take care to avoid scrubbing the area and avoid bubble baths and oils.

Contact details if you have problems

You should contact the Gynaecology Assessment Unit or A&E if you experience heavy bleeding, increase in swelling or pain which is not helped by regular pain relief.

Gynaecology Assessment Unit contact number: 01623 622515 Ext:2314

Further sources of information
NHS Choices: www.nhs.uk/conditions
Our website: www.sfh-tr.nhs.uk

King's Mill Hospital: 01623 672222
Newark Hospital: 01636 685692
Email: sfh-tr.PET@nhs.net

Patient Experience Team (PET)
PET is available to help with any of your compliments, concerns or complaints, and will ensure a prompt and efficient service.

If you would like this information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call the Patient Experience Team on 01623 672222 or email sfh-tr.PET@nhs.net.

 If you require a full list of references (if relevant) for this leaflet, please email sfh-tr.patientinformation@nhs.net or telephone 01623 622515, extension 6927.

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