

Drainage of Bartholin cyst/abscess

Information and advice for patients

Gynaecology

What is a Bartholin cyst/abscess?

The two Bartholin glands lie one on each side of the opening into the vagina. Each gland is about the size of a pea and secretes a small amount of fluid which is mainly produced on sexual excitement. Sometimes the entrance to the gland can get blocked off, become infected and form an abscess or a cyst. A cyst is where fluid builds up under the skin because it cannot drain away. An abscess is a collection of pus, like a boil.

A Bartholin cyst or abscess usually causes sudden, severe pain and swelling in the vulva (external sex organs of a woman).

What is drainage of a Bartholin cyst/abscess?

Draining a Bartholin cyst/abscess involves making an incision into the lump and draining the fluid or pus out. If the procedure is planned it is carried out under general anaesthetic (you are asleep).

What are the benefits of having the cyst/abscess drained?

The benefit of having a Bartholin cyst/abscess drained is that this relieves the pain the cyst is causing. 95 out of 100 women who have this procedure will not experience any further cysts or abscesses of the gland that has been treated.

What are the risks of the procedure?

There are very little recorded incident rates but the following may occur:

- **Bleeding from where the cyst/abscess is drained.** The risk of this depends on the extent of the operation; bleeding can potentially be serious and has to be controlled as soon as possible.
- **Chronic pain.** There is a chance that after the operation you will experience some long-term pain in the area because of the scar or dryness.
- **Collection of blood forming under the skin.** This can sometimes occur after the operation and is usually not serious, but this depends on the amount of blood that is collecting.
- **The cyst/abscess may come back.** This can happen if the cyst or abscess has not been completely removed. It occurs in 5 out of 100 patients.

What are the risks of not having the procedure?

The risk of not having the procedure is that the cyst or abscess will not go away and your symptoms could get worse. If you have an abscess the pain can increase and the abscess may burst; if this happens there is a higher risk that the abscess will come back.

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What are the alternatives?

An alternative to having the cyst drained is having treatment with antibiotics. Some patients may prefer to leave the cyst if it is small and not causing any problems.

Preparing for your operation

If your operation is planned you will be asked to come in for a pre-assessment appointment where the nurses and doctors will check your general health. You will also be asked to sign a consent form for the procedure and will be told when to stop eating and drinking.

If you are on your period at the time of the operation you will need to use sanitary towels instead of tampons.

The operation

On the day of your operation you will be seen by the nurses, anaesthetist and gynaecologist to ensure that you are well enough and are prepared for the operation.

The operation is usually performed under a general anaesthetic and takes about 20 minutes. If you have come to A&E and the abscess/cyst is severe, it may be drained with a local anaesthetic (you are still awake and the area is numbed).

During the procedure a small incision will be made over the top of the 'lump' to open it up and allow the pus/fluid to drain away.

A small piece of gauze (pack) may then be put into the cavity to help the abscess/cyst drain and prevent it from healing over too quickly. The gauze will be removed the following day by a nurse. Stitches are then sometimes placed at the edges of the incision to keep the wound open until the abscess has completely drained away.

After the operation

You will return from theatre with a sanitary towel in place and you may have slight blood loss - this is normal.

When you first come back from theatre you may have something to drink, and then about half an hour after that, something to eat. The nurses will ask you not to get out of bed on your own the first time, but use the 'nurse call buzzer' to call for assistance.

You will experience some discomfort after surgery which will be controlled with painkillers as required.

You will need a few hours on the ward to recover before going home and will usually be able to go home on the same day as the procedure or the next day. A doctor may see you before you go home if needed and a qualified nurse will need to formally discharge you

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before you go. If you are discharged before the gauze/pack has been removed you will be asked to return the following day for this.

Please check with the ward you are admitted to when a relative or friend should telephone the ward at about your discharge and they will be given a pick-up time for you.

Going home

You will need someone to collect you from the ward and take you home in either a car or taxi. You must not go home on public transport or on your own. You will also need someone with you to look after you for the next 24 hours and should rest for the remainder of the day.

Caring for your wound

It is important to keep the area clean and you are advised to have a bath or shower everyday, but not in the first 24 hours after your operation. You should not use bubble bath or salt until the wound has completely healed.

Make sure that you are clean and dry properly afterwards. Sometimes if you feel too sore to dry yourself with a towel, using a hairdryer on a cool setting will help.

Pain

You may have pain around the wound site after the operation, so you will feel bruised and swollen for a few days. You will be given some painkillers to take home; take these regularly for the first few days as prescribed and then as and when you need to after that. The pain should get better every day.

Stitches

The stitches you have will dissolve or come out on their own.

Bleeding and discharge

You may experience some slight blood loss and can expect to have some discharge from the area as the abscess continues to drain so wear panty liners/sanitary towels. Your wound will usually heal within 1-2 weeks and you should not use tampons until after this time.

Normal activities

You can usually go back to your normal activities within 2 - 3 days although discomfort may persist longer than this so please only do what is comfortable. Please do not go swimming or do any strenuous exercise/activities for up to 2 weeks.

Work

You may need to take a few days off work and you can use a self-signing sick note for this. You will need to make an appointment with your GP if you need a sick note for longer than a few days.

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Sex

You should avoid sexual activity until the area has completely healed.

Follow-up

You do not require any follow-up care or appointments after this procedure. If you have any problems please see your GP.

Symptoms to report

Once you are at home please see your GP if the pain does not go away or you have a high temperature (above 37.5°C), as you may have an infection which needs treatment with antibiotics.

Further information

For more information about a Bartholin cyst/abscess:

NHS Choices

www.nhs.uk/conditions/bartholins-cyst

For more information about our hospitals and services please see our websites www.swbh.nhs.uk and www.swbhengage.com, follow us on Twitter @SWBHnhs and like us on Facebook www.facebook.com/SWBHnhs.

Sources used for the information in this leaflet

- American Journal of Emergency Medicine, 'Jacobi ring catheter treatment of Bartholin's abscesses', 2005
- Obstetrical & Gynecological Survey, 'Management of Bartholin Duct Cysts and Abscesses: A Systematic Review', June 2009

If you would like to suggest any amendments or improvements to this leaflet please contact the communications department on 0121 507 5495 or email: swb-tr.swbh-gm-patient-information@nhs.net



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