Saint Mary’s Hospital

Bartholin’s cyst

Information For Patients
Welcome to the Gynaecology Services at Saint Mary’s Hospital

This leaflet aims to give you some general information about Bartholin’s cysts and help to answer any questions you may have.

It is intended only as a guide and there will be an opportunity for you to talk to your nurse and doctor about your care and treatment.

What is a Bartholin’s cyst?

A Bartholin's cyst, also called a Bartholin's duct cyst, is a small growth just inside the opening of a woman’s vagina. Cysts are small fluid-filled sacs that are usually harmless.

Bartholin’s glands

The Bartholin’s glands are a pair of pea-sized glands that are found just behind and either side of the labia minora (the inner pair of lips surrounding the entrance to the vagina). The glands are not usually noticeable because they are rarely larger than 1cm (0.4 inches) across.
The Bartholin’s glands secrete fluid that acts as a lubricant during sexual intercourse. The fluid travels down tiny ducts (tubes) that are about 2cm (0.8 inches) long into the vagina. If the ducts become blocked, they will fill with fluid and expand. This then becomes a cyst.

**How common is a Bartholin’s cyst?**

According to estimates, around 2% (1 in 50) of women will experience a Bartholin’s cyst at some point. The condition usually affects sexually active women between the ages of 20 and 30.

The Bartholin’s glands do not start functioning until puberty, so Bartholin’s cysts do not usually affect children.

During the menopause, the Bartholin’s glands usually shrink. Therefore, any swellings in the vulva (the external sexual organs) of women who have started the menopause are unlikely to be Bartholin’s cysts.

**Outlook**

A Bartholin's cyst can remain small and painless and may not cause any symptoms. However, it is possible for the cyst to become infected, which can cause an abscess (a painful collection of pus) in the Bartholin’s gland.

If the cyst becomes large or painful, a number of treatments are available to drain and remove the cyst. Most treatments involve a minor surgical procedure under local anaesthetic (painkilling medication), which takes around 20 minutes to complete. Following surgery to drain and remove a cyst, it will take around two weeks for you to fully recover. Depending on which procedure is used, the cyst or abscess can re-occur in up to 38% of women.
**What are the symptoms of a Bartholin’s cyst?**

Most Bartholin’s cysts do not cause any symptoms. However, you may feel a soft, painless lump in your labia (the two pairs of lips that surround the entrance to your vagina).

You may not know that you have a cyst until it is found by a healthcare professional during a routine cervical screening test (smear test) or another gynaecological examination.

If the cyst grows very large, it can become uncomfortable and noticeable. You may experience pain in your vulva (external sexual organs) at certain times such as:

- During sexual intercourse,
- When walking, or
- When sitting down.

Sometimes, the cyst can affect the labia majora (the outer pair of lips around the opening of the vagina). One side may look swollen or bigger than usual.

**What causes a Bartholin’s cyst?**

A Bartholin’s cyst is caused by an obstruction that blocks the duct (tube) leading from the Bartholin’s gland into the vagina. This leads to a build-up of fluid, which can turn into a cyst.

Several different types of bacteria can cause an infection that blocks the duct. Some types of bacteria can be passed on through sexual contact while others are found in the environment. Bacteria that may cause a Bartholin’s cyst include:

- **Gonococcus:** Usually responsible for gonorrhoea (a sexually transmitted infection) and may be responsible for around a third of Bartholin’s cysts.
- **Chlamydia trachomatis:** Usually responsible for chlamydia (another sexually transmitted infection).
• Escherichia coli: Often responsible for food poisoning.
• Streptococcus pneumoniae: Responsible for pneumococcal infections, such as infections of the inner ear or sinuses.
• Haemophilus influenza: Responsible for a number of infections such as epiglottitis, an infection of the epiglottis (the flap of tissue at the back of your throat).

How is it treated?

No treatment is needed if the Bartholin’s cyst is small and is not causing any symptoms. However, women who have started the menopause are always advised to have a biopsy taken as this can also be a symptom of vulval cancer. If the cyst is causing some pain, your GP may advise:

• Having warm baths,
• Using a warm compress (cloths or cotton wool warmed with hot water) held against the area, or
• Using pain relief, such as paracetemol or ibuprofen. Always read the manufacturer’s instructions when using over-the-counter medication. Children under 16 years of age should not be given aspirin.

If the cyst becomes an abscess, you may be prescribed antibiotics to clear the infection.

Making an incision (cut) in the cyst and draining the fluid out is not recommended because the cyst will often return. There are now a number of other surgical options for treating large, painful cysts and abscesses.

Are there any other alternative procedures?

A number of other possible surgical procedures can be used to treat Bartholin’s cyst. These procedures are all performed under local anaesthetic, on an out-patient basis, and take around 15-20 minutes. Healing usually takes around two weeks and the possible complications are the same as those listed above.
• **Marsupialisation**

In marsupialisation, the cyst is opened with an incision (cut) and the fluid is drained out. The edges of the skin are then stitched back together in a way that allows any further fluid build-up to continue to drain out.

• **Alcohol sclerotherapy**

During alcohol sclerotherapy, a needle is used to drain the cyst and the cavity is filled with a liquid that is 70% alcohol. This is left in the cyst cavity for five minutes and is then drained out.

• **Gland excision**

Gland excision is the removal of Bartholin’s gland. The procedure can take up to an hour to complete and is performed under a general anaesthetic.

**Re-occurrence**

The rate of reoccurrence of a cyst or abscess after one of these procedures is, on average, around 20% (1 in 5). One study of needle aspiration found the reoccurrence rate to be 38% and one study of marsupialisation found no reoccurrences.

**Complications of a Bartholin’s cyst**

**Vulval cancer**

Bartholin’s cyst can sometimes be a symptom of vulval cancer. This is a type of cancer that affects the vulva (a woman’s external sexual organs).

Occasionally, vulval cancer can affect the Bartholin’s glands (the two glands either side of the vagina) and a growth or cyst may appear.

Vulval cancer is a relatively rare form of cancer, with about 1,000 cases diagnosed in the UK each year. There are several different types of vulval cancer and, depending on the stage of the condition when it is diagnosed, the outlook can be good.

Visit your GP immediately if you notice any changes to your vagina, such as pain or itching.
Preventing a Bartholin’s cyst

A number of bacteria can cause a Bartholin’s cyst (see Causes – page 4) and you may not be able to avoid being exposed to all of them.

Some of these bacteria are also responsible for sexually transmitted infections (STIs), such as gonorrhoea and chlamydia. You can protect yourself against these infections by practising safer sex.

If you are sexually active, having safe sex gives you and your partner the best protection against STIs.

Saint Mary’s Hospital contact numbers:

Should you require any additional information or help please contact:

Colposcopy Department 0161 276 6365
(Monday to Friday 9.00 am–5.00 pm)

Emergency Gynaecology Unit (EGU) 0161 276 6204
(Monday to Friday 8.00 am–5.00 pm)

Gynaecology Ward: 0161 276 6105 (24 hours a day), or 0161 276 6517 or 0161 701 0048 (24 hours)
Other useful contact numbers and website addresses:

NHS Direct 0845 4647
www.nhsdirect.nhs.uk

NHS Choices
www.nhs.uk

Cancer Help UK
www.cancerhelp.org.uk

Violence, Aggression and Harassment Control Policy

We are committed to the well-being and safety of our patients and of our staff. Please treat other patients and staff with the courtesy and respect that you expect to receive. Verbal abuse, harassment and physical violence are unacceptable and will lead to prosecutions.

Suggestions, Concerns and Complaints

If you would like to provide feedback you can:
• Ask to speak to the ward or department manager.
• Write to us: Patient Advice and Liaison Services, 1st Floor, Cobbett House, Manchester Royal Infirmary, Oxford Road, Manchester M13 9WL
• Log onto the NHS Choices website www.nhs.uk - click on ‘Comments’.

If you would like to discuss a concern or make a complaint:
• Ask to speak to the ward or department manager – they may be able to help straight away.
• Contact our Patient Advice and Liaison Service (PALS) – Tel: 0161 276 8686 e-mail: pals@cmft.nhs.uk. Ask for our information leaflet.

We welcome your feedback so we can continue to improve our services.
Please use this space to write down any questions or concerns you may have.
No Smoking Policy

The NHS has a responsibility for the nation’s health. Protect yourself, patients, visitors and staff by adhering to our no smoking policy. Smoking is not permitted within any of our hospital buildings or grounds.

The Manchester Stop Smoking Service can be contacted on Tel: (0161) 205 5998 (www.stopsmokingmanchester.co.uk).

Translation and Interpretation Service

These translations say "If you require an interpreter, or translation, please ask a member of our staff to arrange it for you." The languages translated, in order, are: Arabic, Urdu, Bengali, Polish, Somali and simplified Chinese.

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如果需要翻译或翻译员, 请要求我们的员工为你安排