

Information for Patients

Inserting an inflatable balloon to treat a Bartholin's cyst or abscess

This leaflet aims to give you information concerning when and how inserting an inflatable balloon can be used to treat women with a Bartholin's cyst or abscess. This leaflet is written to help people who have been offered this procedure to decide whether to agree (consent) to it or not.

Bartholin's abscess

There is a Bartholin's gland at each side of the entrance to the vagina. During sexual arousal these glands produce lubrication that enters the vagina through a small duct (tube) from each gland. If the duct becomes blocked, the gland can fill with mucus and a cyst (a fluid-filled lump) can occur. An abscess can occur if the gland or cyst becomes infected. Symptoms may include tenderness and pain, fever and pain or discomfort during sex. Surgical treatment may be used to drain the gland or abscess or to make a permanent opening that allows the gland to drain freely.

Inflatable balloon insertion

Insertion of an inflatable balloon is a non-surgical procedure that can be performed as an outpatient, with a local anaesthetic to numb the area. It involves making a passage from the cyst or abscess through which the gland can drain.

The patient is given a local anaesthetic. A cut is made into the cyst or abscess, which is then drained. A tissue sample may also be taken to check for an infection or tumour at this stage. A flexible tube, (called a catheter) with a small specially designed balloon at its tip, is inserted into the cyst or abscess to create a passage. The balloon is inflated with liquid to keep it in position.

It is then left in place for up to 4 weeks to allow new skin to form around the passage and for the wound to heal. The balloon is then deflated and removed, allowing the gland to drain through the newly formed passage.





Advantages and disadvantages

The advantages of this procedure are that the woman does not need to be admitted to hospital and avoids having a general anaesthetic. She can take up normal activities again once she is comfortable. This includes exercise and sex.

Possible problems may include pain if the balloon is too full, which could be relieved by letting out some of the liquid. Occasionally the doctor will find that the abscess appears unusual or complex and therefore surgery is needed under general anaesthetic to treat the cyst or abscess properly.

Bartholin's abscesses can occur again, whatever treatment is used (the long term recurrence rate is about 1 in 5 (20%). With this inflatable balloon technique, the studies show a rate of 4-17% recurrences over 4 years.

Follow up

After inserting a balloon catheter, the doctor or nurse will make a further appointment to see the patient again after 4 weeks, to remove it.

However, if the catheter is painful, then the woman should return so that she can be examined and a small amount of the fluid in the balloon may be removed.

Occasionally the catheter will fall out before the 4 week period is up. If this occurs in the first 5 days, the doctor will try and reinsert it. If it is more than 5 days, then the doctor would be likely to suggest seeing what happens without reinsertion. In this instance, a further catheter would only be inserted if the abscess builds up again.

Usually the organisms ('bugs') that cause an infection in a Bartholin's abscess are simply an overgrowth of the natural vaginal organisms. However occasionally gonorrhoea (a sexually transmitted disease) is sometimes found. Therefore, we suggest that all women who have had a Bartholin's abscess, should consider having a check for sexually transmitted infections once the abscess has got better, at a genitourinary medicine clinic.



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Saint Mary's Hospital contact numbers:

Emergency Gynaecology Unit (EGU) at Oxford Road Campus

(0161) 276 6204 (7 Days 8.00 am - 9.30 pm)

Gynaecology Ward 62 at Oxford Road Campus

(0161) 276 6518 or (0161) 276 6410 (24 hours)

Gynaecology Assessment Unit / EPAU at Wythenshawe (0161) 291 2218

Gynaecology Ward F16 at Wythenshawe

(0161) 291 5060 (24 hours)

