



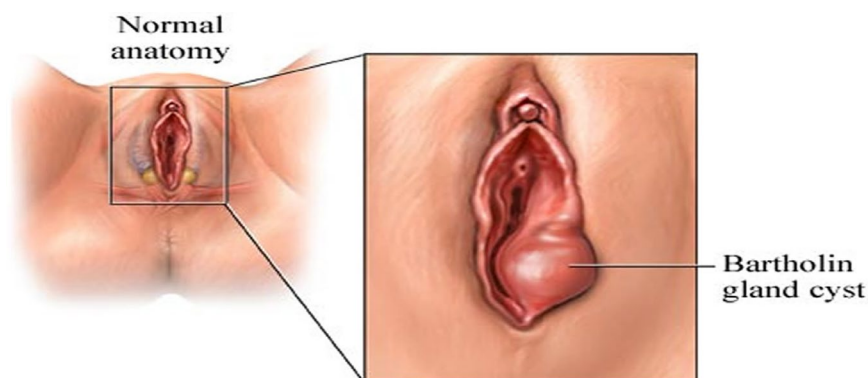
Saint Mary's Managed Clinical Service
Division of Gynaecology

PATIENT INFORMATION LEAFLET

BARTHOLIN'S ABSCESS

This leaflet aims to give you some general information about Bartholin's abscess 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.

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.



Several different types of bacteria can cause an infection that blocks the duct. Some types of bacteria are passed on through sexual contact while others are found normally on the skin and can cause an infection without sexual contact.

Bacteria that may cause a Bartholin's Abscess include:

- *Gonococcus*: Usually responsible for gonorrhoea (a sexually transmitted infection).
- *Chlamydia trachomatis*: Usually responsible for chlamydia (a sexually transmitted infection).
- *Escherichia coli*: Often responsible for food poisoning.
- *Streptococcus pneumoniae*: Responsible for infections of the inner ear or sinuses.
- *Haemophilus influenzae*: Responsible for a number of infections such as epiglottitis, which is an infection of the epiglottis (the flap of tissue at the back of your throat).

Therefore, while infections may be caused by bacteria which are usually found on your skin, we suggest that all individuals 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.

SYMPTOMS

Symptoms may include tenderness or pain, fever or pain or discomfort during sex.

TREATMENT

There are three treatment options currently available. If the cyst becomes an abscess, you may be prescribed antibiotics to clear the infection.

CONSERVATIVE MANAGEMENT (NOT PROVIDING ANY SPECIFIC TREATMENT)

This is particularly appropriate for:

- Small cysts /abscess causing minimal discomfort (as they may get better on their own).
- Abscesses which are already discharging spontaneously
- Not suitable for drainage (this may be the case if there is no significant collection of fluid with the cyst)
- Resolving abscesses surrounded by inflamed tissue only

Recommendations include pain relief, warm baths and massage of the affected area to encourage spontaneous discharge of fluid.

INFLATABLE BALLOON CATHETER 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.

You will be 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 (tumours are rare). 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 you do not need to be admitted to hospital and can avoid having a general anaesthetic. You can take up normal activities again once you are 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.

FOLLOW UP

After inserting a balloon catheter, the doctor or nurse will make a further appointment to see you again after 4 weeks, to remove it. However, if the catheter is painful, then you should return so that you 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 weeks 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.

MARSUPIALISATION

Marsupialisation is performed under general anaesthesia; 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 to continue to drain out.

RE-OCCURRENCE

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.

COMPLICATIONS

Vulval Cancer

Rarely, Bartholin's cyst can be a symptom of vulval cancer. This is a type of cancer that affects the vulva (female 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 rare form of cancer, with only 1,000 cases diagnosed in the UK each year. Visit your GP immediately if you notice any changes to your vagina, such as pain or itching.

PREVENTION

A number of bacteria can cause a Bartholin's cyst 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.

If you require any further information or clarification, including clarification of terminology, please do not hesitate to talk to one of the doctors or nurses, who will be happy to discuss your concerns with you.

CONTACT DETAILS

Emergency Gynaecology Unit

The EGU is located at Wythenshawe Hospital (enter via entrance 15)



0161 291 2561 (24 hours)



<https://www.mft.nhs.uk/>

The department operates a telephone triage (assessment) service; you must call and speak with a specially trained nurse before attending to plan your care

Gynaecology Ward F16 at Wythenshawe



0161 291 5060 (24 hours)



<https://www.mft.nhs.uk/>

Gynaecology Assessment Unit (GAU)

The GAU is located at North Manchester General Hospital (Ward F5 via Entrance 1 / main entrance)



0161 720 2010 / 0161 604 5130

Monday, Tuesday, Wednesday, Thursday & Friday: 07:30 – 20:30

Saturday & Sunday - 08:30 – 16:30



<https://www.mft.nhs.uk/>

There are no Emergency Gynaecology or Early Pregnancy Services at Saint Mary's Hospital, Oxford Road