



Saint Mary's Managed Clinical Service
Division of Gynaecology

PATIENT INFORMATION LEAFLET

OVARIAN CYST

This leaflet aims to give you information regarding Ovarian Cysts and answer any questions you may have.

WHAT IS AN OVARIAN CYST?

An ovarian cyst is a sac or structure that develops within or on the surface of an ovary. It may be filled with fluid, contain solid tissue, or have a mixture of both. Ovarian cysts are common and can occur at any age. Around 95% of ovarian cysts are benign (non-cancerous). Many cysts do not need treatment. But some may need monitoring and some may need surgical intervention. Ovarian cysts are usually diagnosed during pelvic ultrasound scan.

TYPES OF OVARIAN CYSTS

There are several different types of ovarian cysts. Most are benign (non-cancerous).

1. Simple (functional) ovarian cysts

These are the most common type

These cysts form as part of the normal menstrual cycle and are most common in women who still have periods.

- Usually filled with clear fluid
- Often small
- Commonly disappear on their own within a few months
- Rarely cause problems

Examples include:

- **Follicular cysts** – when an egg is not released
- **Corpus luteum cysts** – when the egg sac fills with fluid or blood after ovulation

Most simple cysts only need monitoring with an ultrasound scan.

2. Dermoid cysts

Slow-growing and usually harmless

Dermoid cysts develop from cells involved in egg formation. They may contain different types of tissue such as fat, hair, or bone.

- Usually benign
- Can grow slowly over time
- More common in younger women
- Often need surgical removal, especially if large or causing symptoms

3. Endometriomas

Associated with endometriosis

Endometriomas are cysts linked to endometriosis and are sometimes called “*chocolate cysts*” because they contain old blood.

- May cause pelvic pain or painful periods
- Can be associated with fertility problems in some people
- Management depends on symptoms, size, and future pregnancy plans

4. Cystadenomas

Cysts arising from the surface of the ovary

These cysts develop from the outer lining of the ovary.

- Usually benign
- Can be filled with thin fluid or thicker material
- May grow quite large
- Often removed surgically if persistent or symptomatic

5. Complex ovarian cysts

A description rather than a diagnosis

A complex cyst is a term used on ultrasound when a cyst:

- Has solid areas
- Contains thick fluid
- Has internal walls (septations)

Most complex cysts are still benign, but they often need:

- Further tests
- Follow-up scans
- Sometimes surgery to confirm the diagnosis

6. Ovarian cysts after the menopause

Ovarian cysts are less common after the menopause.

- Many are still benign
- The risk of ovarian cancer is higher than in younger women
- Follow-up scans and blood tests are often recommended
- Surgery may be advised more readily, even if there are no symptoms.

SYMPTOMS

Many ovarian cysts cause no symptoms. When symptoms occur, they may include pelvic pain, bloating, pain during sex, changes to periods, or needing to pass urine more often.

Red flag symptoms – seek urgent medical help

- Sudden, severe pelvic or lower abdominal pain
- Pain with vomiting or fever
- Feeling faint or dizzy
- Rapid worsening of pain or abdominal swelling

These symptoms may suggest twisting of the ovary (torsion), rupture of a cyst, or internal bleeding.

DIAGNOSIS

Ovarian cysts are usually diagnosed using an ultrasound scan. Some people, particularly after the menopause, may also need a blood test called CA-125

OVARIAN CYSTS AFTER MENOPAUSE

- Ovarian cysts are less common after the menopause. Although most are benign, the risk of ovarian cancer is higher than in younger women. Follow-up scans and blood tests are often advised. Surgery may be recommended even without symptoms

FERTILITY

Most ovarian cysts do not affect fertility. If surgery is needed, doctors aim to preserve the ovary whenever possible.

HOW ARE OVARIAN CYSTS MANAGED?

Management depends on your symptoms, the size and appearance of the cyst on scan, your age, and whether you have been through the menopause. Many ovarian cysts are harmless and **do not need treatment**.

1. Conservative management (monitoring)

This is the most common approach.

- No immediate treatment or surgery
- A repeat ultrasound scan may be arranged after a few months

This is suitable if:

- You have no symptoms or mild symptoms
- The cyst is small and looks simple on scan
- You are pre-menopausal

Most cysts resolve on their own. Monitoring avoids unnecessary surgery and does not affect fertility. You will be advised about symptoms that need urgent medical attention.

2. Surgical management

Surgery may be recommended if:

- The cyst is large, persistent, or increasing in size
- You have ongoing or worsening symptoms
- The cyst looks complex or unusual on scan

- You have been through the menopause

Types of surgery

1. Keyhole surgery (laparoscopy)

- Small cuts in the abdomen
- Less pain and quicker recovery
- Often a day-case procedure

2. Open surgery (laparotomy)

- Used for very large cysts or if cancer is suspected
- Longer recovery

Whenever possible, only the cyst is removed and the ovary is preserved.

WILL MY OVARY BE REMOVED?

- In most cases, the ovary can be preserved
- If one ovary is removed, the remaining ovary usually functions normally
- All options will be discussed with you before surgery.

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 (EGU)

(0161) 291 2561 (24 hours)

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

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

There are no emergency gynaecology services at Saint Mary's Hospital, Oxford Road



Gynaecology Assessment Unit (GAU/F5)

(0161) 720 2010 GAU Reception / (0161) 604 5130 GAU Nurses

Monday to Friday - 07.30 - 20.30

Saturday & Sunday - 08:30 – 16:30

GAU is located at North Manchester Hospital (Ward G2, via Entrance 1 / main entrance)

To be seen in GAU a referral from your GP, Midwife, A&E or other health care professional is required. GAU is not a self-referral unit.