

Emergency Gynaecology Unit (EGU)

Bartholin's Cyst or Abscess

What are Bartholin's glands?

Bartholin's glands are a pair of small glands that are next to the lower part of the entrance to the vagina. Each gland is about the size of a pea. Unless infected, you cannot normally see or feel these glands as they are within the soft tissues (labia) next to the entrance to the vagina. Each gland produces a small amount of mucus-like fluid. This helps to keep the entrance to the vagina moist.

What is a Bartholin's Abscess?

The Bartholin's glands lie at the entrance to the vagina and secrete mucus. The ducts to these glands can become blocked, causing a swelling called a cyst. It is not certain why the ducts become blocked causing these cysts. If the cyst becomes infected, an abscess forms containing pus. Abscesses are probably about three times as common as cysts.

Symptoms:

Bartholin's cysts can remain small and painless and may not cause any symptoms. However, if it becomes infected and an abscess develops symptoms may include:

- Tenderness and pain on either side of the vagina;
- Discomfort caused by any pressure on the area such as walking or sitting;
- Fever;
- Pain or discomfort during intercourse.



How common is a Bartholin's cyst / abscess?

Around 2% of women will experience a Bartholin's cyst at some point. The condition usually affects sexually active women between the ages of 20 – 30.

Bartholin's cyst can remain small and painless and may not cause any symptoms.

How is it diagnosed?

A Bartholin's cyst / abscess has a typical appearance; therefore an examination by a doctor can usually diagnose the problem. No test is usually needed in order to make a diagnosis.

Treatment:

Treatment for patients with abscesses will vary dependent on the size of the swelling, how painful it is and whether it is infected.

- Soaking in a warm bath two to three times daily for several days usually provides some relief along with simple pain relief. This may cause the abscess to open up and drain on its own. However, this does not always solve the problem because the site of rupture is often small and closes quickly, before the drainage is complete.
- Antibiotics may be prescribed and will sometimes cure a small abscess.

However, if the abscess is causing symptoms and does not respond to these treatments a number of treatments are available to drain and remove the abscess.

Most treatments involve a minor surgical procedure under either local or general anaesthetic.

Surgical incision under general anaesthetic

A minor operation, known as marsupialisation will be performed whilst you are asleep under a general anaesthetic. A small surgical incision will be made into the abscess to allow the gland to drain freely. The incision is widened to approximately 1cm and a few stitches are then used to stitch

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the inside lining of the cyst to the overlying skin. This will then create a new permanent opening for fluid to drain out of the gland. The stitches used will be dissolvable. This provides good relief and usually a speedy recovery. The average hospital stay is 24 - 48 hours and normal activities can usually be resumed within two to three days although discomfort may persist longer than this.

It will take around two weeks for you to fully recover. Usually the abscess is permanently cured but occasionally it can recur at a later date. Depending on which procedure is used, the abscess can recur in up to 38% of people.

Catheter insertion under local anaesthetic

Insertion of a 'Word Catheter' is a minor surgical procedure that can be performed in the Emergency Gynae Unit (EGU) under local anaesthetic. The Word Catheter is a thin, flexible, rubber tube with a small, specially designed balloon at its tip. A small incision is made into the abscess and the tip of the catheter is inserted and the balloon is inflated with liquid, a stitch may be used to partly close the cut and help hold the balloon in position. It is then left in place for up to four weeks to allow new skin to form around the passage and for the wound to heal. A follow up appointment will be given to attend the EGU where the balloon is then deflated and removed, allowing the gland to drain through the newly formed passage.

Aftercare:

Following your procedure a course of antibiotics may be prescribed, however they are not always required. You may experience discomfort and stinging at the operation site. Warm baths may ease these symptoms along with simple analgesia (pain relief) that you can buy over the counter.

You may experience some discharge from the incision site, this is normal and can last for a few days. A bath or shower is advised once or twice daily in order to aid the healing process. It is generally advised to avoid intercourse until the area is healed and no longer painful.

You can return to work when you feel able to resume your normal activities.

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No follow up appointment will be arranged once the catheter has been removed, therefore if you have any concerns please contact your GP.

Further information

If you need any further information or clarification please contact the **Emergency Gynae Unit** on Telephone: **024 7696 7000**.

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 024 7696 7000 and we will do our best to meet your needs.

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Document History

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References

- 1) Balloon catheter insertion for Bartholin's cyst or abscess, NICE Interventional Procedure Guideline (December 2009).
- 2) Haider Z, Condous G, Kirk E, et al; The simple outpatient management of Bartholin's abscess using the Word catheter: a preliminary study. Aust N Z J Obstet Gynaecol. 2007 Apr;47(2):137-40.