

Bartholin's Cyst / Abscess (removal and marsupialisation)

What Happens?

The Bartholin's glands are approximately 1.0 x 2.0 cm glands situated at the rear aspect of the vagina underneath the skin. Their normal function is to produce secretions which lubricate the vaginal mucosa. Rarely, the duct (canal) that leads to the surface can become blocked resulting in the gland accumulating mucus. Often this goes unnoticed until the gland becomes infected, forming an abscess, which results in acute pain and discomfort.

Purpose of the Procedure

To either remove the gland in its entirety, drain the gland or marsupialise the abscess. The latter refers to removing the skin overlying the abscess and stitching the abscess lining to the skin so that upon healing the abscess cannot recur. The stitches are all within the vagina and barely visible from the outside.

Preparation

You will require a general (sleeping) anaesthetic and will be required to fast for around six hours. Please check with my staff if you are unsure from when to fast. Some patients depending on their medical condition and associated conditions may need blood tests, imaging studies or other investigations to be performed. The operation can be performed during a patient's period.

Duration of Procedure

Thirty Minutes.

Post-Procedure Care

Some discomfort is usual. Try simple analgesics such as Naprogesic, Nurofen, Panadol, Panadeine and Panadeine Forte. You may have a sore throat from the endotracheal (breathing) tube inserted into your throat during the operation. You can expect to feel a modest sized cavity where the cyst or abscess used to be. This decreases in size over several weeks. Do not apply antiseptic creams, Dettol, Betadine, methylated spirits etc to the wound unless directed by me. These are unnecessary and in most cases harmful to the healing tissues. You will need to bathe a couple of times per day as discharge may be quite profuse for the first few days. Avoid soaking in the bath for prolonged periods, which can make the wound waterlogged. The sutures will dissolve. You can shower as normal if you prefer. You can use a little anti-bacterial soap such as Sapoderm, Gamophen or soap free gel if you like. The sutures may fall out at intervals. Depending on the material used, they appear as fine pieces of fishing line or cotton. I will check for residual suture material at your post-operative check in my rooms. If the discharge becomes unusually profuse or foul smelling, please contact me. Sometimes, if the cyst is already invasively infected at the time of operation, I will discharge you with an antibiotic prescription although this is not always necessary.

After the anaesthetic you should avoid operating machinery, making important decisions or driving a car for at least twenty-four hours. You should take around two days off work, longer if your work requires strenuous activity or heavy lifting.

Post-Discharge Care

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Complications Specific to Removal of Bartholin's Cyst

This is a very common procedure and major complications are exceedingly rare.

They may include:

- Recurrence of the cyst. This occurs in up to 20% of patients and repeat surgery may be required.
- It is possible but very unlikely, that you may experience ongoing pain at the site of the surgery even though the surgery was successful.
- There will be a faint scar at the operation site.

Consent

I have been recommended to have: **Excision / Marsupialisation of Bartholin's Cyst**

Potential issues related to my condition / circumstances may be:

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.....

I understand the above and choose to proceed:

(Signed)

(Print Name)

(Date)

