



**Wirral University
Teaching Hospital**
NHS Foundation Trust

Ovarian Cysts and Treatment

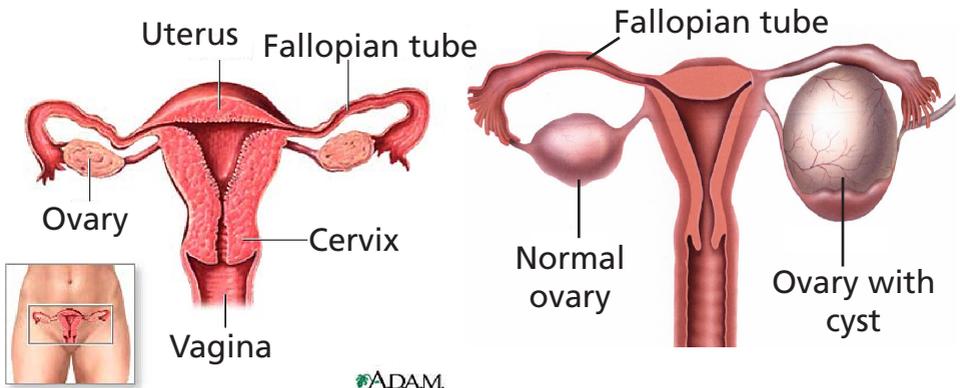
Patient Information Leaflet

Ovarian Cysts/Cystectomy

What is an Ovarian Cyst?

An Ovarian Cyst is a growth or swelling on, or inside, the ovary. It may be solid or filled with fluid. Sometimes they are referred to as a tumour which is just another term for a swelling. 80% of ovarian cysts are benign (non-cancerous), however there are other ovarian cysts which may be borderline or malignant (cancerous).

Ovarian Cysts can vary in size and simple cysts less than 3 cms do not require removal.



What do the Ovaries do?

Women have two ovaries, one either side of the uterus (womb) in the lower abdomen. Each one is about the size of a walnut – usually 3cm x 3cms in size.

At birth the ovaries contain millions of unripe eggs each held in a tiny fluid filled sac (follicle). In fertile women each month one of these follicles matures and ruptures to release its ripened egg (ovum) into the fallopian tube. This is called ovulation. When the egg is released at ovulation the follicle turns into the corpus luteum. If fertilisation occurs the corpus luteum produces hormones to help with pregnancy.

The ovaries also produce hormones which include the female hormones oestrogen and progesterone. These hormones pass

into the blood stream and have various effects on other parts of the body including regulating the menstrual cycle or periods.

Two other hormones, follicle stimulating hormone (FSH) and lutenising hormone (LH) play an important part in ovulation but are not produced by the ovaries. They are produced by the pituitary gland at the base of the brain.

FSH stimulates follicle development and LH triggers ovulation and helps maintain the corpus luteum.

Types of Ovarian Cysts

- **Functional Ovarian Cysts**

These are the most common type and form in some women of childbearing age. There are two types:-

- **Follicular cysts**

During the monthly cycle one of the follicles may not release its egg or it may not shrink after ovulation. The follicle enlarges and fills with fluid. Follicular cyst can last for 4-6 weeks and grow to 5-6cm in diameter and usually go away by themselves.

- **Corpus luteum cysts**

This is a less common type of cyst. These cysts form when the corpus luteum fills with fluid instead of breaking down as it should. Corpus luteum cysts can become larger than follicular cysts and may cause pelvic discomfort. Usually they can go away over 2-3 menstrual cycles but occasionally bleeding in the cyst can cause severe abdominal pains.

Other Cysts that can form are:-

- **Endometriomas**

Many women who have Endometriosis develop one or more cysts on their ovaries. These cysts are lined with endometrial cells similar to those lining the womb. These cells bleed during menstruation. The old blood in the cysts gives them a chocolate appearance and are sometimes called "chocolate cysts".

- **Dermoid cysts**

These cysts develop in the ovarian cells that form into different tissues as the fertilised egg develops. They can grow quite large - up to 15cm diameter and may contain hair, teeth, bone and cartilage. They are most common in younger women and can occur during pregnancy.

- **Cystadenomas**

There are different types, Serous Cystadenomas which are filled with watery liquid and Mucinous Cystadenomas, which are filled with a thicker mucus type fluid. The majority are usually benign but some can be cancerous. They can grow to quite a large size. Further investigations will be done to clarify this prior to surgery although in the final analysis this cannot be identified without sending the cyst or ovary to the laboratory.

Symptoms of Ovarian Cysts

Most ovarian cysts are small and cause no symptoms, but some do cause problems and may include one or more of the following :-

- Pain or discomfort in the lower abdomen, which may be constant or intermittent.
- Sex may be uncomfortable or painful.
- Nausea/vomiting
- Irregular periods, bleeding may be heavier or lighter than usual. Sometimes a cyst may bleed into itself or rupture. This can cause a sudden severe pain in the lower abdomen
- Large cysts cause your abdomen to swell putting pressure on your bladder and/or bowels which in turn can cause urinary symptoms and/or constipation.

Diagnosis

Most cysts don't cause symptoms and are often found by chance on internal examination. They may also be picked up by ultrasound scan during pregnancy, or for another reason.

If you have symptoms suggestive of a cyst your doctor is likely to do a vaginal examination. An ultra-sound can confirm the presence of an ovarian cyst. An ultrasound scan is a safe and painless test. The probe of the scanner may be placed on your abdomen to scan the ovaries or inside the vagina to scan the ovaries from this angle.

Depending on your scan results, a blood sample will be taken to test for a protein called CA125. The level is high in about half of women with early ovarian cancer, but other non-cancerous conditions e.g. endometriosis, can also cause a high level. So although not conclusive, the opposite can also apply to 20% of women with cancer who can have a normal CA125 level.

Treatment for Ovarian Cysts

Treatments for ovarian cysts depend upon factors such as your age, whether you have been through the menopause, the appearance and size of the cyst, and the type of symptoms that you may have.

Observation

This is a common treatment for younger women with small functional cysts. Observation may be all that is needed. A repeat ultra-sound scan after a month or so may be carried out to check on the cyst, but most disappear after a few weeks without treatment.

Surgery

If the cyst is large (more than 6cms in diameter) or is causing symptoms it will probably need removing. Sometimes it is necessary to remove the cyst even if you don't have symptoms because it is not always possible to tell what type of cyst it is without looking under the microscope.

Small cysts can be removed via a surgical technique called a laparoscopy. This is "keyhole surgery". It is carried out under general anaesthetic. The doctor will make a tiny cut under your

umbilicus (bellybutton). A needle is inserted and gas (carbon dioxide) will be put into your abdomen. This helps to obtain a good view of your pelvic organs through a narrow telescope. It may also be necessary to make one or two cuts lower down either side of your abdomen to enable the doctor to drain or remove the cyst.

In some cases the ovary is also removed. The extent of the operation depends on factors such as the type, your age or whether cancer is suspected.

A larger operation may be needed if the cyst is large or there is a risk of the cyst bursting or spilling. This operation is called a laparotomy which involves a larger cut across the abdomen above the pubic hairline or midline incision from the umbilicus to pubic hairline. This gives better access to the cyst. The whole of the cyst is removed and sometimes other organs such as the uterus, ovaries and fallopian tubes may also be removed.

Risks and Complications

As with any operative procedures there can be risks or complications, although most of these are minor and infrequent some are more specific to types of surgery. You should be made aware of these:

- Pain, occurs with most operations. Medication will be given to you to control this. After a laparoscopy it is common to experience "wind" type pains occurring in the ribs or shoulders. This is due to the gas (carbon dioxide) left under your diaphragm. This will naturally absorb over the following 24 hours.
- Bleeding, during or after your operation. This may result in you receiving a blood transfusion. (please see Blood Transfusion Leaflet)
- Wound infections can normally be easily treated with antibiotics.
- Blood Clots (Deep Vein Thrombosis), can lead to the lungs via

the blood stream (Pulmonary Embolus). Preventative measures will be prescribed if needed ie support stockings to wear and daily injections of heparin to reduce the risk of blood clots.

- Damage to Internal Organs (with laparoscopic surgery). Perforation is one of the main risks caused by the instrument that is inserted into the abdomen causing damage to bowel or bladder. If perforation occurs the doctor may need to perform a Laparotomy. This is a cut above the pubic hairline. This will require a longer recovery period. Your doctor will discuss with you the chances of any increased risk to you.
- Anaesthetic, your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic. Please ask for a 'You and Your Anaesthetic' Booklet.

What happens before the operation?

You will be asked to attend our pre-op assessment clinic. We may carry out several tests i.e. blood tests, ECG (heart trace) and a chest x-ray if necessary. You will be asked about your current health status, medications that you may be taking and any other relevant background information. This is to ensure that you are fit to undergo surgery and general anaesthetic.

If you have any questions or concerns about your operation then you should ask about them during this visit. Consent for the operation should have been discussed with you at your initial clinic visit. Providing you are happy with the planned procedure you may sign your consent form at this time, if you have not already done so.

Recovery after surgery

- **Laparoscopic Surgery**

You may go home the same day. It is important to have a responsible adult to collect you and stay with you overnight. You should rest quietly for 24 hours and gradually return to normal activities.

Returning to work – you will probably need to stay off work 7-10 days.

You may resume sexual intercourse when bleeding has stopped and it is comfortable for you to do so.

You are advised not to drive for 24-48 hours after surgery.

- **Laparotomy (Open Surgery)**

This takes a longer period of recovery and you may be in hospital for up to 4-5 days.

Returning to work - you may return to work between 6-10 weeks after surgery, although this depends on how well you recover after your operation and the type of work that you do.

Driving – can be resumed when you can comfortably do an emergency stop. This is normally after 4-6 weeks.

Sex – it is advisable to avoid sex for about 6 weeks after surgery.

Travel/flying – It is advisable to avoid air travel for approximately 4-6 weeks post surgery. Please check with your travel insurance company that you will be covered for any medical expenses.

Smoking – if you do smoke, try not to smoke for two days before your operation, as it is important to have your lungs free from smoke prior to anaesthetic. Help to give up smoking is available from Wirral SUPPORT free-phone 0800 195 2131.

References

Tricker. J (2000) Ovarian Problems [on line] Found at : <http://www.womenshealthlondon.org.uk/leaflets/ovarian/ovarian.html> [accessed 1-5-07]

NHS Direct (2006) Ovarian Cyst [online] Found at : <http://www.nhsdirect.nhs.uk/articles/articles.aspx?articleId=274§ionId=6901> [accessed 1-05-07]

This leaflet is available in large print, Braille and on tape.
Please contact 0151 604 7289 if calling from outside the
Hospital and x2761 if calling from inside the Hospital.



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