

WOMEN'S HEALTH PARTNERS, LLC

DIPLOMATES AMERICAN BOARD OF OBSTETRICS & GYNECOLOGY

6859 SW 18th Street, Suite 200
Boca Raton, FL 33433
Tel: 561-368-3775 Fax: 561-392-7139
www.myobgynoffice.com

PROCEDURE EDUCATION LITERATURE

We recommend that you read this handout carefully in order to prepare yourself or family members for the proposed procedure. In doing so, you will benefit both the outcome and safety of the procedure. *If you still have any questions or concerns, we strongly encourage you to contact our office prior to your procedure so that we may clarify any pertinent issues. "An educated patient is the best patient."*

SURGERY FOR BARTHOLIN'S GLAND CYST

Definition

Bartholin's gland = paired glands (fluid producing organs) located beneath the skin inside the labia minora (inner lips) whose function is to provide lubrication to the skin of the vaginal opening
Cyst = a closed sac containing fluid, semi-solid, or solid material
Marsupialization = a surgical procedure whereby a pouch is created from a closed sac

The Bartholin's glands are paired glands (fluid producing organs), located deep beneath the skin of the entrance to the vagina at the 5 and 7 o'clock positions. In their normal state, they are small (pea-sized), round and not easily felt on examination. The glands are connected to the wall of the vagina, just inside its opening, by tube-like structures (ducts). These ducts allow passage of mucous-like secretions produced by the glands to exit onto the skin of the vaginal opening. Here the secretions act to lubricate the skin of the vaginal opening. When a tube becomes blocked, continued production of secretions leads to filling and enlargement (ballooning) of the gland and the formation of a cyst, or closed sac.

Many times, patients who have developed a Bartholin's gland cyst will have no symptoms, but will notice a firm, non-tender swelling, usually on one side of the vaginal opening in the labium majus (outer lip). Alternatively, when the Bartholin's gland cyst becomes infected, a rapid swelling will occur (over two to four days), accompanied by intense tenderness, redness, swelling, difficulty walking, and pain with intercourse.

Approximately 2% of patients will develop enlargement of one or both of these ducts during their lifetime. There are no well-defined risk factors for developing enlargement of the Bartholin's gland. It was once thought that infection of the gland was a sign of a gonorrheal infection (a form of sexually transmitted infection). This has since been shown to be false. Infection of the Bartholin's gland has been shown to contain a wide range of bacteria commonly found in the vagina.

Enlargement of the gland does not require treatment in those patients who are not "bothered". That is to say, when the enlargement does not cause discomfort, pain with intercourse, or difficulty walking, sitting, etc, this condition can be left alone. In some patients with recent swelling and enlargement, oral antibiotics, hot baths, and compresses will be the only treatment necessary.

When the enlargement causes significant symptoms (pain, redness, difficulty walking, etc.) or an abscess (a collection of pus in a closed sac) has formed, surgical drainage becomes necessary. Additionally, in patients who develop enlargement of the Bartholin's gland after the age of 40, surgical removal of the gland is recommended.

Your doctor will make recommendations for treatment based on the specifics of your condition. Factors such as the presence of infection or abscess, previous surgical treatment of the same swelling, and your age will impact the planning of your care. Surgery will be performed to either create an opening for drainage or to remove the gland. The surgery is performed through the vaginal skin in the area where the duct normally meets the skin. Surgery to create an opening for drainage frequently requires only local anesthesia (injection of numbing medicine) and can often be done in the office. Surgical removal of the gland is more complicated and is performed in the operating room.

Preparation

When your procedure will be performed in the office:

No special preparation is necessary prior to having your cyst drained in the office. Be aware that you will have some drainage from the opened cyst, and your clothing may become soiled or stained.

When your procedure will be performed in the operating room:

As with all procedures in which general anesthesia is administered, you will be asked not to eat or drink anything after midnight on the evening prior to your surgery. You may brush your teeth in the morning but should not swallow the water. If you are on medications that must be taken, you will have discussed this with us and/or the anesthesiologist and instructions will have been given to you. The procedure will not be performed if you are currently taking or have recently taken any medication that may interfere with your ability to clot your blood.

("blood thinners, aspirin, anti-inflammatory medicines, etc... "). The most common of these medications are aspirin and all related pain relievers or anti-inflammatory compounds (whether prescription or over-the-counter). ***Please refer to the attached list and tell us if you took any of these within the past 10 days.*** If your new medication is not on the list, alert us immediately so that we may ensure optimal procedure safety. We will have reviewed all of your current medications with you during the pre-operative / pre-procedure consultation. You are obligated to inform us if anything has changed (medication or otherwise) since your previous visit.

Procedure

When your procedure will be performed in the office:

You will be lying supine (flat on your back) with your legs elevated in stirrups (much like having a gynecological examination). The skin covering the swelling will be cleaned and local anesthetic (numbing medicine) will be injected with a needle. Your doctor will then either make a small incision (surgical cut) and place one end of a rubber tube (Word catheter) through the opening, or remove part of the skin and the cyst lining and sew (suture) the edges together to form a pouch (*Marsupialization*). The procedure usually takes less than 20 minutes.

When your procedure will be performed in the operating room:

You will be lying supine (flat on your back) with your legs elevated in stirrups (much like having a gynecological examination). The procedure usually takes approximately 30 minutes to one hour depending on an individual's anatomy, your prior surgical history, and whether establishing drainage or removal of the gland is being performed. If the procedure performed is to create an opening for drainage, you may have a rubber tube (Word catheter) from the vagina into the cyst or a series of sutures in the skin to make the pouch opening. If the surgery was to remove (excise) the gland you will have an incision that is closed with suture. Occasionally, with this procedure, it is necessary to leave a temporary tube to allow drainage from the wound.

Post Procedure

Following placement of a Word catheter or Marsupialization:

If your doctor placed a Word catheter to establish drainage of the cyst, the catheter will remain in place for three to six weeks. At first, a large amount of fluid will drain from the opening and then gradually decrease over the next several days and weeks. Usually there is minimal pain and only when an infection in the skin around the cyst is present will antibiotics be prescribed. You may shower the day of your surgery, and shallow warm baths (Sitz baths) are recommended after the first two or three days of recovery. Patients who have a Word catheter placed may resume sexual intercourse when comfortable, but this may dislodge the catheter from within the cyst. Those patients who have had marsupialization should refrain from sexual intercourse until seen again in the office.

Following surgical removal of the gland:

You will be in the recovery room for a short time before returning to the ambulatory surgery center. There may be some discomfort around the incision sites and within the vagina depending on the procedure you had performed. There will be a dressing over the labium (outer lip) that is to remain until you are instructed to remove it by your doctor or nurse. There may be small blood staining on the wound dressing. If the dressing becomes soaked, or you see active blood oozing, please contact us immediately. You may shower two days after surgery, but no bathing or swimming (unless otherwise instructed). Some surgeons may ask you to take warm baths a couple of times a day a few days after your surgery. If you have significant bleeding, you should call our office. We ask that you refrain from any strenuous activity or heavy lifting until your follow up office visit. Every patient has some degree of swelling and bruising, and it is not possible to predict in whom this might be minimal or significant.

We strongly encourage you to take at least one week off from work and perhaps more if your occupation requires strenuous activity or heavy lifting. In the first 48 hours, it is to your advantage to minimize activity and too often rest in a lying down position. Periodic walking is encouraged. Some patients have almost no discomfort while others are somewhat uncomfortable for a few days to weeks. Severe pain is unlikely but possible. We may provide you with a prescription for pain medication to alleviate most of the discomfort. Take this medication as prescribed and as needed. An antibiotic prescription may also be given and should be taken until completion. If any side effects occur, contact our office immediately.

**You must refrain from any strenuous activity or heavy lifting until we tell you otherwise. Please refrain from sexual activity until we tell you that you may resume.*

Expectations of Outcome

In the majority of cases, drainage of the Bartholin's cyst by placement of a Word catheter or by marsupialization (formation of a pouch) is all that will be necessary for treatment. The drainage should decrease in amount over the next few days to weeks and become clear and mucous-like. If the gland was removed, it will take up to a week to get a report of the pathologist findings. The secretions of the Bartholin's gland provide lubrication to the skin of the opening to the vagina, but do not contribute to lubrication during vaginal intercourse.

Possible Complications of the Procedure

All surgical procedures, regardless of complexity or time, can be associated with unforeseen problems. They may be immediate or even quite delayed in presentation. While we have discussed these and possibly others in your consultation, we would like you to have a list so that you may ask questions if you are still concerned. Aside from anesthesia complications, it is important that every patient be made aware of all possible outcomes, which may include, but are not limited to:

- J) **Urinary Tract Infection or Sepsis:** Although we may give you antibiotics prior to and after the operation, it is possible for you to get an infection. The most common type is a simple bladder infection that presents with symptoms of burning urination, urinary frequency, and a strong urge to urinate. This will usually resolve with a few days of antibiotics. If the infection enters the bloodstream, you might feel very ill. This type of infection can present with both urinary symptoms and any combination of the

following: fevers, shaking chills, weakness or dizziness, nausea and vomiting. You may require a short hospitalization for intravenous antibiotics, fluids, and observation. This problem is more common in diabetics, patients on long-term steroids, or in patients with disorders of the immune system.

- J) Wound Infection/Abscess Formation: The incision sites or glands can become infected. While infection typically resolves with antibiotics and local wound care, occasionally, part or all of the incision may open and require revision and or catheter replacement. *** if you have symptoms suggesting any of the above after your discharge from the hospital; you must contact us immediately or go to the nearest emergency room.**
- J) Treatment failure: Although usually associated with a high success rate, the procedure can fail in the immediate post-operative period or months to years later. Between 10% and 15% of cysts will return following drainage by placement of a Word catheter or marsupialization. If part of the gland is left behind during excision, the cyst may reform, possibly leading to tenderness and swelling.
- J) Blood Loss/Transfusion: The vaginal region is quite vascular. Usually blood loss in this procedure is minimal to moderate in some cases blood loss can be significant enough to necessitate transfusion.
- J) Painful intercourse: After Bartholin's gland drainage or removal the shape of the vaginal opening may be changed by scarring. While usually not a problem, some patients may complain of pain or difficulty with intercourse. Sometimes it is temporary, but it can also be permanent.
- J) Deep Vein Thrombosis (DVT)/Pulmonary Embolus: In any operation (especially longer operations), you can develop a clot in a vein of your leg (DVT). Typically, this presents two to seven days (or longer) after the procedure as pain, swelling, and tenderness to touch in the lower leg (calf). Your ankle and foot can become swollen. **If you notice these signs, you should go directly to an emergency room and also call our office.** Although less likely, this blood clot can move through the veins and block off part of the lung (PE). This would present as shortness of breath and possibly chest pain. We may sometimes ask the medical doctors to be involved with the management of either of these problems.
- J) Bleeding/Hematoma: When a small blood vessel continues to ooze or bleed after the procedure is over, the area of collected blood is referred to as a hematoma. The body normally re-absorbs this collection over a short period of time, and surgical drainage is rarely necessary.
- J) Lower Extremity Weakness/Numbness: This, too, is a rare event that may arise due to your position on the operating table. It is possible in procedures in which you are in the lithotomy (legs up in the air) for a long period. The problem is usually self-limited, with a return to baseline expected.
- J) Chronic Pain: As with any procedure, a patient can develop chronic pain in an area that has undergone surgery. Typically, the pain disappears over time, although some feeling of numbness may persist. If persistent, further evaluation may be necessary.

Patient Signature

Date

Account #

Patient Name (Print)

Physician

Date

Witness

Date

The information contained in this Medical Informed Consent Form ("Consent Form") is intended to solely inform and educate and should not be used as a substitute for medical evaluation, advice, diagnosis or treatment by a physician or other healthcare professional. Please call your doctor if you have any questions.