

About Ovarian Cysts

Patient Information

What is an ovarian cyst?

It is simply a collection of fluid inside the normally solid ovary. It is seen as a black area on your ultrasound scan examination. They are very common in women before the menopause. Most are harmless and do not need any treatment.

There are different types of ovarian cysts most are referred to as simple ovarian cysts.

Functional / simple / follicular cysts

Every month the ovaries produce several small cysts. Only one will mature and release an egg. During the process a small amount of fluid forms around the egg. Sometimes more fluid than usual is produced forming a follicular cyst. These can burst causing sudden sharp pain, which may take a few days to settle. Most of these cysts disappear after a month or two and the body naturally absorbs the extra fluid.

Corpus luteum cysts

They happen when bleeding occurs in the follicle after an egg has been released. They are not as common as follicular cysts but they can cause more problems as they may become quite large. A corpus luteum cyst can make your period late and can cause pain. It can also burst and release blood into the abdomen. Occasionally this needs an operation to stop the bleeding.

Polycystic ovaries

In this condition both ovaries have many tiny cysts under their surface. These may be seen with polycystic ovarian syndrome which is

associated with period problems, difficulty getting pregnant and problems with excess body hair and weight gain. Please ask for information about this specific condition if your gynaecologist has diagnosed you with it.

Dermoid cysts

These cysts are present from birth but don't usually cause any problems until your twenties. They are developmental in their origin and can contain various types of tissue such as teeth, hair, skin etc. Sometimes they are present in both ovaries.

Endometrioma cysts

Also called 'chocolate cysts' as they are filled with old blood which looks just like chocolate. These cysts occur when you have a condition called endometriosis affecting your ovaries.

What will I feel?

You may have no problems or symptoms at all. You may be found to have a cyst during a routine ultrasound scan of your pelvis. Cysts can cause a dull ache or acute pain in the abdomen. You might have a sense of fullness or pressure. You could experience pain during or after sex. You may also have delayed, irregular or painful periods. Pain is caused by a number of factors, such as the large size of a cyst causing pressure on the surrounding structures. If the cyst bursts, bleeds or twists you could get severe pain, which may require admission to hospital.

Could the cyst be cancerous?

This is very unlikely. If there is any suspicion that the cyst could be cancerous other tests will be done. These would usually be blood tests and further detailed scans.

Treatment

This depends on the severity of your symptoms, the type of cyst, its size, your age and whether or not you are planning on having children. Your doctor will discuss this with you. Some smaller simple cysts don't require any further scans or treatment. Other options are:

- Waiting to see if the cyst will go naturally.
- Some cysts may resolve or reduce in size over time your doctor would order a monitoring scan to assess to see if this happens.
- Ultrasound follow up. Some cysts require an ultrasound follow up scan which your doctor will arrange to assess any change in the cyst which would dictate whether further imaging or surgical intervention is required.
- Some cysts require further tests & imaging (MRI). Prior to a plan being made.
- An operation – either laparoscopic (keyhole surgery) or laparotomy (a cut through the abdomen) depending on the size and type of cyst.

Contact details

If you have been diagnosed with an ovarian cyst and develop severe pain please see your GP or attend the Emergency Department for review. If you have questions about a planned operation please contact the waiting list coordinators on 01274 384888. You could also speak with the pre-operative assessment nurses on 01274 383341 After your operation if you have any concerns please contact Ward 25 Gynaecology Assessment Trauma Unit (GATU) for advice on 01274 364438

Waiting list coordinators 18001 01274 384888

Preoperative assessment nurses 18001 01274 383341

People with hearing and speech difficulties

You can contact us using the Relay UK app. Textphone users will need to dial 18001 before the number to be contacted.

Accessible Information

If you need this information in another format or language, please ask a member of staff.

Smoking

Bradford Teaching Hospitals NHS Foundation Trust is a smoke-free organisation. You are not permitted to smoke or use e-cigarettes in any of the hospital buildings or grounds.