Brighton and Sussex University Hospitals NHS Trust

Management of Bartholin's cyst/abscess

Gynaecology Protocol: GP006

Date Agreed: April 2019

Guideline Reviewer:	Rebecca Mallick and Brendon Gallagher
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Approval Committee:	Women's Services Safety and Quality Committee
Amended Date:	
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Contents

Key Principles

A protocol is a set of measurable, objective standards to determine a course of action. Professional judgement may be used in the application of a protocol.

Scope

This protocol applies to:
These guidelines apply to women presenting with vulval and perineal swellings.

Responsibilities

Nurses & Gynaecologists

- To access, read, understand and follow this guidance
- To use their professional judgement in application of this protocol

Management Team:

- To ensure the protocol is reviewed as required in line with Trust and National recommendations
- To ensure the protocol is accessible to all relevant staff
- These guidelines and algorithms are aimed to assist in decision making. They are not designed to be prescriptive and you are not expected to use them in exclusion of discussions with senior colleagues.
- Evidence used to inform these guidelines had been drawn from published clinical reviews. Where applicable other references are quoted.

1 Definition, Presentation & Management Of Bartholin's Cyst/Abscess

1.1 Definition

1.1.1 Bartholin's cyst is the accumulation of sterile mucous within the Bartholin's gland following blockage of the gland duct. These are a pair of glands located at the lower third of the vulva at the entrance of the vagina.

1.1.2 Bartholin's abscess is infection of the sterile mucous that leads to an acute inflammatory reaction and abscess formation within the gland.

1.2 Presentation

1.2.1 Bartholin's cyst is soft, fluctuant painless mass that could have been present for a variable length time, usually between 1-3cm in size.

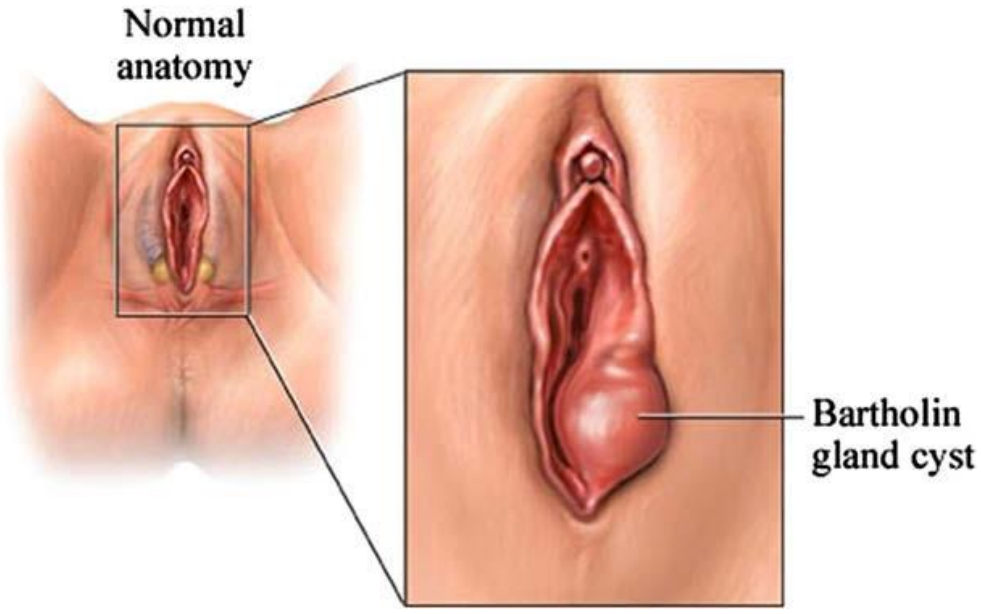
1.2.2 Bartholin's abscess present with acute onset of pain, inflammation and swelling of the Bartholin's gland.

1.2.3 Examination findings may include one or all of the following: warm, tender, soft or fluctuant mass in the lower medial labia majora or lower vestibular area.

1.2.4 There may be occasional surrounding erythema or purulent discharge.

1.2.5 Presenting women may find it difficult to walk, sit and experience dyspareunia.

Source: Best Practice and Research Clinical Obstetrics and Gynaecology (2009)



1.3 Management of Bartholin's cyst

1.3.1 Management of a Bartholin's cyst is not essential unless there is a risk of it becoming an abscess.

1.3.2 For some women seen in GAU or GOPD where the cyst is persistent it may be necessary to have surgical intervention.

1.3.3 Outpatient management with the WORD catheter maybe appropriate in woman aged less than 40. If for marsupialisation book onto a subsequent day case list via admissions. Bartholin's cysts are not an emergency and should rarely need treatment on a CEPOD list.

1.3.4 Women over the age of 40 should have marsupialisation and biopsy of the gland under G.A due to the increased risk of adenocarcinorma.

1.4 Management of Bartholin's abscess

1.4.1 Surgical intervention will be required for women with a Bartholin's abscess.

1.4.2 These women should be seen and assessed in GAU (RSCH) using the SIRS (systemic inflammatory response syndrome) assessment on the **gynaecology CEPOD pathway** (Appendix A) which must be completed.

1.4.3 Providing the woman does not score on the SIRS assessment, they are suitable for outpatient management.

1.4.4 Outpatient Management with WORD catheter using local anaesthetic or marsuplisation under general anaesthetic should only be offered to woman under 40. The Registrar on call /consultant should be involved in the discussion process (see proforma Appendix B).

1.4.5 Should the patient choose outpatient management, this may be performed as soon as possible by a clinician experienced in the Word procedure.

1.4.6 Should the patient choose marsupialisation, this should be booked using the gynaecology CEPOD pathway.

1.4.7 For similar patients seen in A&E at PRH once a full assessment has been carried out, it is the registrar's responsibility to complete the following:

- Liaise with the GAU at RSCH ext 4013 to arrange CEPOD booking
- Complete consent form and complete CEPOD pathway
- Transfer patient notes to GAU (L11 Tower Block) o
- Provide the patient with adequate information regarding procedure and admission times
- Patient to be discharged from A&E
- Inform on call gynae registrar at RSCH on bleep 8618

1.4.8 For women showing signs of cellulitis admission for IV antibiotics should be considered and the patient should be put on the regular **CEPOD list** prescribe Co-amoxiclav 1.2g IV TDS or Clindamycin 300mg IV QDS (if penicillin allergic)

2 Outpatient Management

2.1 The Word Bartholin's Gland Catheter is made of medical grade silicone. The catheter provides an accessory duct to permanently drain an obstructed gland.

2.2 Method for insertion of WORD Bartholin's Catheter

2.2.1 Clean and prepare area over the cyst or abscess (chlohexidine can be used if desired

2.2.2 Infiltrate skin over the cyst or abscess with local anaesthetic at the introitus at or behind the hymenal ring.

2.2.3 Use 1% lidocaine plain- 20mls or alternatively 5mls Lidocaine +_ Pudendal Block.

2.2.4 Use number 11 blade to make a 5mm stab incision into the abscess of anaesthetised skin.

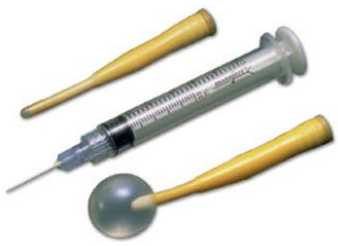
2.2.5 Insert the sterile catheter into the incision and inflate the bulb with 2-3cc of sterile water. Use minimal amount of water to ensure catheter will be expelled or fall out by normal activity. Do not inflate with air.

2.2.6 Tuck the stem of the catheter into the vagina, allowing freedom of movement and activity.

2.2.7 Leave the catheter in place for 4-6 weeks, until epithelialization of new orifice is complete.

2.2.8 Patient should expect discharge around the stem.

2.2.9 If catheter falls out before 2 weeks consider re-assessment, if prior to epithelisation –treatment may be considered, if after epithelisation – no need for treatment.



2.3 Discharge Planning and Follow up Care

2.3.1 A discharge letter is to be formulated for direct discharge from L11-Gynaecology Assessment Unit.

2.3.2 Patients should be given the patient information leaflet regarding procedure and a follow up appointment.

2.3.3 At the 4 to 6 week appointment (in the Gynae Assessment Unit) remove catheter by inserting a needle into the catheter and withdrawing the water. Gently withdraw the catheter from the incision and dispose of catheter in clinical waste bin.

2.3.4 If there is any concern then the patient should be discussed with the on-call registrar or consultant

3 Marsupialisation of Bartholins cyst (inpatient)

3.1 The recommended method of treatment is incision, drainage and marsupialisation of the gland by a trained clinician.

3.2 Microbiology swab of the abscess must be taken at time of procedure.

3.3 For post-menopausal women drainage and biopsy of the gland must be considered to exclude carcinoma of the gland.

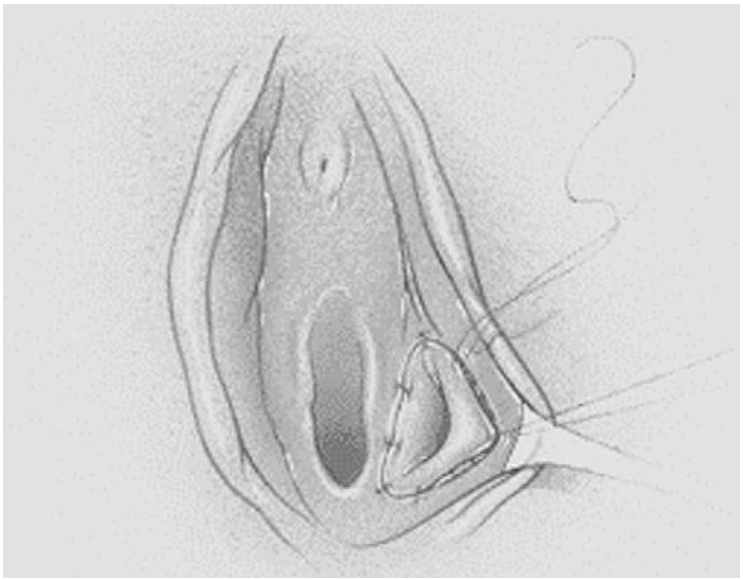
3.4 Wound packs/wicks should not be used. In exceptional circumstances where a clinician decides a pack is necessary the rationale should be clearly documented in the operation notes with instruction of its removal.

3.5 Surgical intervention must not be attempted on an already discharged Bartholin's abscess.

3.6 Routine antibiotics are not indicated in the management of Bartholin's abscess, unless in the presence of cellulitis or suspected co-existing PID/STI. If clinically indicated prescribe: Co-amoxiclav 625mg PO TDS or Clindamycin 300mg QDS (if penicillin allergic)

3.7 Patient that present with recurrent Bartholin's abscess (3 or more) after treatment should be should be screened for diabetes mellitus and operated on by senior clinician.

3.8 Excision of the gland should only be attempted by a consultant and is very rarely indicated



Source: Best Practice and Research

Clinical Obstetrics and Gynaecology (2009)

4 Definition, Presentation & Management Of Vulval Abscess

4.1 Definition Vulval abscesses commonly originate as simple infections that develop in the vulval skin or subcutaneous tissues superficial to the fascia.

4.2 Presentation

4.2.1 Painful vulval mass or fullness, difficulty in mobilisation and sexual intercourse, very occasionally fever.

4.2.2 Findings include a tender often fluctuant vulval mass with surrounding erythema.

4.3 Management

4.3.1 **Conservative Management:** Small vulval abscesses less than 2cm that have yet to point to the skin surface can be treated conservatively with analgesia and warm compress on an outpatient basis. Antibiotics are not recommended for these women.

4.3.2 **Surgical Management:** Abscesses > 2cm should be managed by incision and drainage. These women should be seen and assessed in GAU as per the Bartholin's abscess guidance

5 Monitoring Compliance

Please refer to the Monitoring and Auditing document for details on monitoring compliance for this protocol

GAU database can be used to evaluate the Fast-track CEPOD service

6 References

1. Bora, S.A., Condous, G. 2009. Bartholin's, vulval and abscesses. *Best Practice & Research Clinical Obstetrics and Gynaecology* 23 (661-666).

2. Chen, K. T. May 2011. Disorders of the Bartholin's gland available from: http://www.uptodate.com/contents/disorders-of-bartholins-gland.

3. Lazenby, G. B., Thurman, A.R & Soper, D.E. May 2011. Vulvar abscess available from: http://www.uptodate.com/contents/vulvar-abscess

4. Haider Z, Condous G, Kirk E, et al. (2007) The simple outpatient management of Bartholin's abscess using the Word catheter: a preliminary study. Australian & New Zealand Journal of Obstetrics & Gynaecology 47: 137–40

7 Appendix A – Gynaecology CEPOD Pathway

GYNAECOLOGY CEPOD PATHWAY

Brighton and Sussex University Hospitals NHS Trust

Consultant: Date seen in A&E: Date of Admission:	Patient Name: *Attach PAS label* Hospital number: Date of birth:
Presenting complaint:	Patient contact telephone number:

F2/REGISTRAR RESPONSIBILITIES

SIRS ASSESSMENT (systemic inflammatory response syndrome)	**Yes**	**No**
Is temperature <36˚ or >38˚		
Is heart rate >90 beats per minute		
Is respiratory rate >20 per minute		
If there are 2 or more Yes's then patient must be admitted to level 11		

WORKING DIAGNOSIS	**TICK**	**COMMENTS**
Bartholin's Cyst/Abscess		
Vulva Abscess/Haematoma		
Retained Products of Conception		
Possible Ectopic Pregnancy		
Other (Specify)		
PLANNED PROCEDURE		
Marsupialisation		
Incision & Drainage		
Evacuation of retained products of conception (ERPC)		
Diagnostic Laparoscopy		
Other (Specify)		
CHECKLIST		
Acute Gynaecological Proforma completed		
Consent form completed		
Cremation form completed (if applicable)		
CEPOD booking form completed		
Contact CEPOD Coordinator (bleep 8061) to check availability (Fast-track CEPOD days: Tuesday, Wednesday and Friday PM lists)		
If not for op today: • Give patient information leaflet. • Inform GAU nurse ext 4013/4022 • Arrange admission with Day Surgery Unit ext 7242 • Take notes to Day Surgery Unit		
Do you give permission for a nurse led discharge post op?	**Yes**	**No**

8 Appendix B - Discussion of WORD Catheter Vs Marsupialisation

Word Catheter	Marsupialisation
Can be perfomed as an outpatient	Requires general anaesthetic
No waiting time	Often performed on CEPOD. Unpredictable and may be delayed
Does not require patient to starve	Patient must be starved
Potentially less time off work	Will require time off work following general anaesthetic
Possible pain during procedure	No pain during procedure as under GA
Reduced pain score following procedure	Higher pain score following procedure
Catheter may fall out	No catheter
Only small studies showing efficacy	Long term data available
97% success rate at 6 months	5-15% of Bartholin's abscesses reoccur after marsupialisation

Appendix C – Patient Leaflet

Brighton and Sussex University Hospitals NHS Trust

Outpatient Management of Bartholin's Abscess/Cyst

Department of Gynaecology

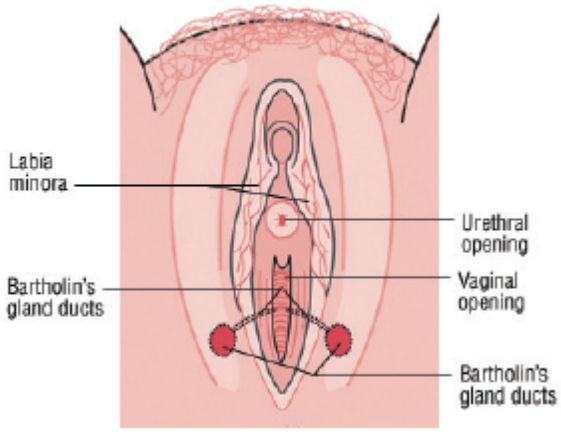
Patient information

Why have I been given this leaflet?

You have been diagnosed as having a Bartholin's cyst or abscess and you have been counselled regarding the treatment options for this condition. This leaflet is to answer any questions you might have regarding your treatment.

What is the Bartholin's gland?

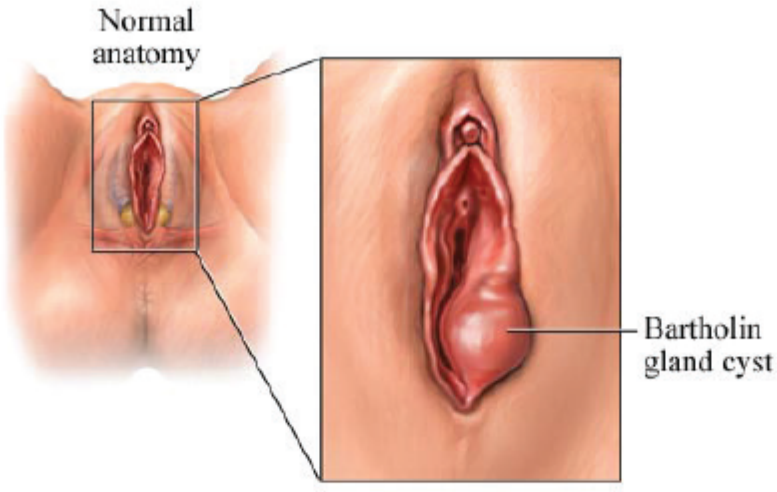
Bartholin's glands are a pair of glands that are on either side of the vagina. Each gland is the size of a pea. These glands keep the vagina moist by producing a small amount of mucus like fluid. These glands produce lubrication during sex.



How did I get a Cyst or Abscess in this gland?

1 Sometimes the thin passage (duct) between the gland and the vagina gets blocked. The secretion produced by the gland accumulates and you get a cyst (swelling). This could vary in size.

2 Sometimes a cyst can become infected and the cyst turns into an abscess. An abscess is a collection of pus that can occur with an infection.



What problems does a Bartholin's cyst or abscess cause?

You may have a lump in the vagina which may be painful on sitting or when you have sex.

The area can look red swollen, feel hot to touch and you may find it uncomfortable to pass urine.

What treatment options are available?

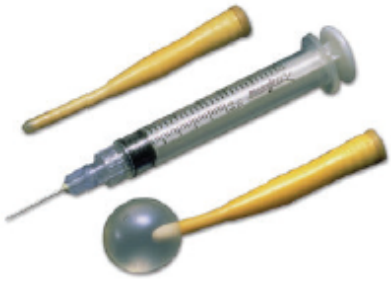
Sometimes cysts or abscesses can drain by themselves (i.e. they can burst, with pus or discharge coming out). This is more likely to happen if you apply a hot compress – a towel/flannel soaked with hot water and applied to the cyst or abscess.

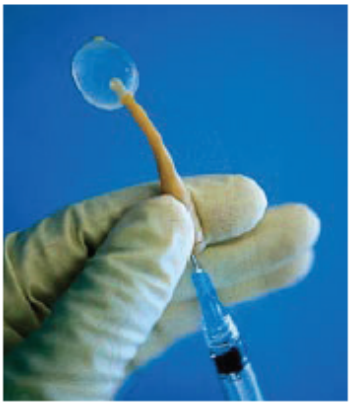
Sometimes abscesses can be treated with antibiotics, which will treat the infection, but may not stop you getting another infection in the future.

If the cyst or abscess is very painful, or if antibiotics have not resolved the problem, then you require a procedure to drain the cyst or abscess.

What does the procedure involve?

In order to drain your cyst or abscess a catheter is inserted into the abscess/cyst, this drains the fluid in order to stop the cyst or abscess coming back. The procedure can be done in the Gynaecology Assessment Unit on Level 11 and requires no preparation.





A small amount of local anaesthetic is injected via a tiny needle into the cyst or abscess. A hole is made to drain the fluid away. A short rubber tube, called a catheter, is placed inside the gland and the balloon at the end of the catheter is inflated in order to keep the catheter in place. The catheter remains in the gland so that the hole stays open permanently, even when the catheter is removed. The catheter is designed to stay in for up to 4-6 weeks, but sometimes falls out before this. If the catheter falls out in the first 2 weeks, please contact L11- Gynae Assessment Unit for advice/re assessment.

What does this catheter mean for my normal activities?

The catheter should not interfere with usual activities. Most women can go about their work and exercise with no problem. It will not prevent you swimming. Some women have sex with the catheter there, but others prefer to avoid sex until the catheter is removed. For convenience, the end of the catheter can be tucked inside the vagina.

What follow up will I get?

If the catheter has not fallen out after 4-6 weeks please contact the Gynaecology Assessment Unit on L11 on the number below and we will make an appointment for it to be removed.

Occasionally the catheter may fall out early, before 4-6 weeks. Please do not worry if this happens, no further treatment will be required.

What alternatives are there?

The alternatives to the procedure in the clinic are having either the same procedure under a general anaesthetic or a slightly different procedure called 'marsupialisation' under general anaesthetic. Marsupialisation avoids having the catheter left in, but may have a slightly greater risk of the problem coming back. Abscesses tend to be extremely painful and tender.

Who can I contact if I have any concerns or questions?

Royal Sussex County Hospital

Level 11- Gynaecology Ward/Assessment Unit:

01237 523191

Produced by Samantha Nair- L11 Gynaecology
References: NICE interventional procedure guidance 323
Information Leaflets: Bartholin's Cyst/Abscess. (www.patient.co.uk)

If you require this document in a language other than English please inform your interpreter or a member of staff.

إذا كنت تريد هذه الوثيقة بلغة أخرى غير اللغة الإنجليزية، فيرجى إخطار المترجم الفوري المخصص لك أو أحد أفراد طاقم العمل.

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Disclaimer
The information in this leaflet is for guidance purposes only and is in no way intended to replace professional clinical advice by a qualified practitioner.

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CPIG carer and patient information group approved

Brighton and Sussex University Hospitals NHS Trust