

## Patient Advice and Liaison Service (PALS)

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Na żądanie te informacje mogą zostać udostępnione w innych formatach, takich jak zapis większą czcionką lub łatwą do czytania, a także w innych językach. Aby uzyskać więcej informacji, porozmawiaj ze swoim zespołem specjalistów.

Macluumaadkaan waxaa loo heli karaa qaab kale, sida ugu akhrinta ugu fudud, ama far waa weyn, waxana laga yabaa in lagu heli luuqaado Kale, haddii la codsado. Wixii macluumaad dheeraad ah, kala hadal kooxda xarunta caafimaadka.

Bu bilgi, kolay okunurluk veya büyük baskılar gibi alternatif biçimlerde sunulabilir, ve talep üzerine Alternatif Dillerde sunulabilir. Daha fazla bilgi için klinik ekibinizle irtibata geçin.

ہم نے ہڈپ مک اس جی، سی-یٹکس ای کی بایوسد سی-سٹیڈم راف لدابتہ تامل عم-ی ٹنرپ اڑب ای ناس آ اور درخواست پر متبادل زبانوں میں بھی دستیاب ہو سکتی ہیں۔ مزید معلومات کے لیے، اپنی کلینکل ٹیم سے بات کریں۔

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All our patient information leaflets are reviewed every three years.

## Patient information

# Ovarian cyst – before the menopause

## What are Ovaries?

Ovaries are a woman's reproductive organs that make female hormones and release an egg from a follicle (a small fluid-filled sac) each month. The follicle usually develops between 2–3 cm in diameter but sometimes can be larger.

## What is an ovarian cyst?

An ovarian cyst is a larger fluid-filled sac (more than 3 cm in diameter) that develops on or in an ovary. A cyst can vary in size from a few centimeters to the size of a large melon. Ovarian cysts can be thin-walled and only contain fluid (known as a simple cyst) or they may be more complex, containing thick fluid, blood or solid areas.

Ovarian cysts are common. Most women will be unaware that they have a cyst as they often cause no symptoms and disappear spontaneously with time.



They can also occur in pregnancy. However, up to 1 in 10 women may need surgery for an ovarian cyst at some point in their lives

There are several different types of cysts that can occur before the menopause such as:

- A **simple cyst**: (are the most common) a large follicle that continues to grow after the egg has been released – they disappear within a few months.
- An **endometrioma**: ovarian cyst caused by cells from the lining of the womb.
- A **dermoid cyst**: form from cells that make the eggs in the ovary, often contain substances such as fat and hair.

Sometimes cysts can attach to nearby structures such as the fallopian tubes or bowels or can get so large and completely replace an ovary or twist so much affecting the blood supply to the ovary. In this case the ovary as well as the cyst may have to be removed.

Most that occur before menopause are benign (non-cancerous) – cancer of the ovary before the menopause is rare.

### What symptoms may I have?

Most cysts are diagnosed by chance, for example during a routine examination or if you have an ultrasound scan of the tummy (abdomen) for another reason. Therefore many do not have symptoms at all but some may experience:

- Lower abdominal pain or pelvic pain
- Painful periods or a change in the pattern of your periods
- Pain during sex
- Pain related to your bowels
- A feeling like you want to pass urine urgently or more frequently
- A change in appetite or feeling full quickly
- A distended or swollen abdomen
- Difficulty in falling pregnant which may be linked to endometriosis

### How are ovarian cysts diagnosed?

The doctors can do an abdominal examination and vaginal (internal) examination to see if the cysts can be felt superficially otherwise an ultrasound scan – either from the abdomen or through the vagina can be done to visualise the cysts. If the scan shows a large or complex cyst you are likely to be referred to the hospital.

Depending on the size and nature of the cyst and your symptoms you may be offered:

- No intervention and no follow up
- A repeat USS after several months
- Blood tests
- Other imaging such as MRI scan
- Surgery

In the very unlikely event that the tests suggest the possibility of cancer, you will be referred to a gynaecological cancer specialist for further investigations.

Your ovaries are unlikely to be removed as they produce important hormones. In some exceptional cases the ovary may need to be removed for example if the blood supply has been cut off or if it looks suspicious.

### Management of Ovarian cysts

The options include 'watching and waiting' as they often resolve themselves. If the cyst is large (usually >5cm) or complex an operation to remove the cyst may be offered. The treatment choice depends on your symptoms, the appearance, the size, and the results of any blood tests.

The type of surgery usually offered is laparoscopic (keyhole) surgery, which is less painful, has shorter hospital stay and quicker recovery than an open procedure (laparotomy). If surgery is the option your gynaecologist should discuss these procedures with you, explaining the benefits and risks, and advise you which procedure is best for your situation. Taking the combined oral contraceptive pill will not help simple cysts disappear but may prevent further cysts developing in future.