Guideline for the Management of Bartholin's Cyst/Abscess

Initiated By:	**Cwm Taf Morgannwg University Health Board –Gynaecology Forum**
Approved By:	**Integrated Business, Obstetrics, Gynaecology and Integrated Sexual Health and Quality and Safety group**
Date approved:	
Version:	**1**
Operational Date:	
Date for Review:	
Distribution:	**Nursing, Midwifery and Medical Staff at Cwm Taf Morgannwg University Health Board**
Freedom of Information Status:	**Open**

Guideline Definition

Clinical guidelines are systematically developed statements that assist clinicians and patients in making decisions about appropriate treatments for specific conditions.

They allow deviation from prescribed pathway according to the individual circumstances and where reasons can be clearly demonstrated and documented.

Minor Amendments

If a minor change is required to the document, which does not require a full review please identify the change below and update the version number.

Type of change	Why change made	Page number	Date of change	Version 1 to 1.1	Name of responsible person
Wording, antibiotic recommendations and references	Advice from pharmacist	2,3,4,5,6,7 and 8	26.10.22		Dr Summit Menon

Equality Impact Assessment Statement

This procedure has been subject to a full equality assessment and no impact has been identified.

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Background

Purpose

- The guideline aims to minimise poor communication and standardise the care women receive.

Roles and responsibilities

- In seeking further advice on any uncertainties contained in this document, or if you feel that there is new or more updated advice, it is your responsibility to contact the guideline author or Approval Group Manager, so that any amendments can be made.
- The guideline Approval Group is responsible for disseminating this guideline to all appropriate staff.
- The guideline author or a named alternative is responsible for updating the guideline with any amendments that they become aware of or are highlighted to them.
- All health professionals are responsible to ensure that the guidance is utilised effectively and to ensure that they are competent and compassionate in the implementation of it.

Training requirements

There is no mandatory training associated with this guideline.

Monitoring Compliance

- The governance department will collate any complaints and distribute to the relevant individuals for comments and share any learning points.
- The service lead will oversee any governance issues, make relevant recommendations to the Care Group and advise the Clinical Director or the Care Group of any matters that require implementation.
- The Health Board reserves the right without notice to amend any monitoring requirements in order to meet and statutory obligations or the needs of the organisation.

Complaints

All complaints should try to be resolved with the patient during any contact to avoid escalation. The concerns should be listened to and documented. If it is not possible to address any concerns at the time, or if the complaint is of a serious nature, the patient's complaint should be discussed with the consultant in charge on that day. The patient should always be given written information (***Putting Things Right***), an All Wales leaflet on the complaints procedure.

Introduction

The Bartholin's, or greater vestibular, glands arise in the female genital tract opening at the four and eight o'clock positions on each side of the vaginal orifice, just below the hymenal ring.

Each Bartholin gland is approximately 0.5cm in size and drains into a duct 2.5cms long. The ducts emerge onto the vestibule bilaterally between the hymenal ring and the labia minora. Normally the glands are not palpable. If the Bartholin's gland becomes obstructed its secretions accumulate and may form a cyst, Infection of this forms an abscess.

- A **Bartholin's cyst** generally presents as a soft and painless mass
- A Bartholin's abscess generally presents with severe pain, swelling and erythema. Patients may be unable to walk or sit comfortably. On examination, the abscess is a hot, tender and often soft or fluctuant mass surrounded by erythema. Larger abscesses may expand into the upper labia. Infection may be polymicrobial and may include Chlamydia or Gonorrhoea.
- Carcinoma is rare accounting for less than 5% of vulval cancers, however, should be considered in those >40 years of age or with features of malignancy. Presentation is usually as a painless mass which may be fixed to underlying tissues and has solid components.

Management

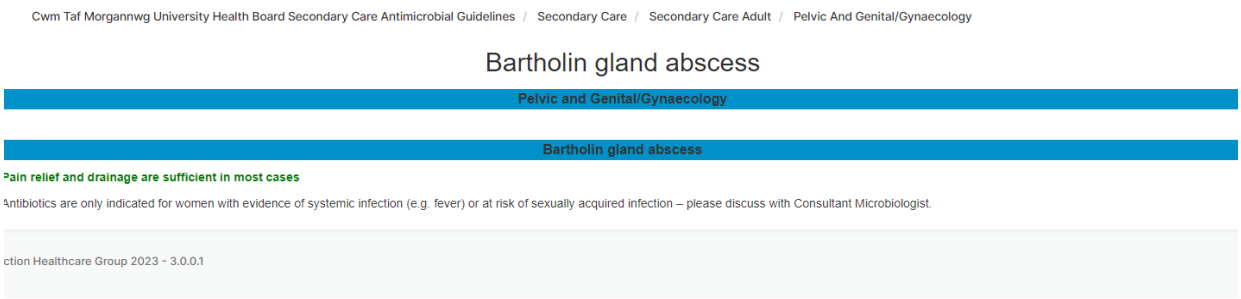
Referral

Patients can be referred directly via GP or ED to the junior or middle grade doctor on call. The following management guidelines are suggestions for treatment. Caution should be used in those

- **Aged >40** –consider senior review to exclude malignancy
- **Recurrence** –patients with >1 episode should be considered for marsupialisation

1st Line –Conservative Treatment

- Advise analgesia, hot compresses and baths
- Refer back to GP for ongoing care
- Antibiotic therapy – Bartholin gland abscess (microguide.global)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Bartholin gland abscess

Pelvic and Genital/Gynaecology

Bartholin gland abscess

Pain relief and drainage are sufficient in most cases

Antibiotics are only indicated for women with evidence of systemic infection (e.g. fever) or at risk of sexually acquired infection – please discuss with Consultant Microbiologist.

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2nd Line –Word Catheter

In patients who require intervention first line therapy should be with the Word catheter, a balloon-tipped device inserted into the cyst/abscess cavity after incision and drainage. This has been shown to be as effective as Marsupialisation after one year in a randomised control trial by Kroese et al (2017). It is left insitu and an epithelialized tract for drainage of glandular secretions is formed. This procedure can be performed within ambulatory gynaecology services. Provide the patient with Patient Information Leaflet –please see Appendix to print out. Please ensure that formal written consent is completed prior to undertaking any procedure (see Appendix).

Assemble the following:

Word catheter kit which includes a silicone balloon catheter, syringe and scalpel

Sterile saline 3mls

Sterile gloves

Antiseptic cleaning solution

Local anaesthetic for infiltration

Gauze

Microbiology swabs

Artery forceps

Procedure

1. Clean area surrounding Bartholin gland with antiseptic cleaning solution
2. Infiltrate local anaesthetic to the appropriate area
3. Using the scalpel, make a stab incision 0.5cm wide and 1.5cms deep in the outer wall of the cyst/abscess on the mucosal surface of the labia minora, adjacent but external to the hymenal ring. Artery forceps/sterile probe may be used to break up any loculations
4. Drain the abscess and swab the contents – sending the swabs for microscopy, Chlamydia and Gonorrhoea. Consider tissue sample if over aged 40 years or signs of malignancy noted.
5. Once the abscess has drained, insert the deflated silicone catheter through the incision into the cystic body. Ensure the catheter lies within the cyst cavity and not between the cyst/abscess and the skin
6. Using the syringe and needle, carefully inflate the silicone catheter with sterile saline until the balloon is sufficiently retained in the cyst/abscess cavity, not exceeding the maximum inflation volume of the device (3mls)
7. Once inflated, remove the syringe and needle, leaving the saline-inflated Word catheter balloon within the cystic mass
8. Tuck the free end of the catheter up into the vagina
9. Patients should be observed within the department for one hour post-procedure to check for any increased blood loss

- Epithelisation time may vary depending on each patient. The Word Bartholin gland catheter is not intended to be left indwelling for periods of time greater than 28 days
- Consider antibiotics as per conservative management

Follow-up

- Patients should be advised to wear a pad and avoid inserting anything vaginally while the catheter is in situ
- Patients should be advised to contact the department if the Word catheter falls out within 14 days, is not tolerated or symptoms worsen
- If the catheter falls out within 14 days, it may be reinserted
- Review should be arranged for 3-4 weeks following insertion, for examination and removal of the Word catheter or sooner if required
- At the review, after epithelisation of a new orifice is accomplished, carefully deflate the balloon using a sterile syringe with needle tip and remove the catheter.
- Recurrence may be treated with repeat Word catheter insertion

3rd Line – Marsupialisation

Marsupialisation should be considered for those who decline conservative or Word catheter management, have 2 failed treatments with Word catheter or have an uncertain diagnosis. Consider antibiotic treatment.

Arrangements should be made to place on emergency theatre list following discussion with Consultant Gynaecologist.

Follow-up arrangements to be made for GOPD for 6 weeks in cases of:

- Age >40 years
- Marsupialisation after recurrent failure with other modalities. Discuss with Consultant Gynaecologist for further advice.

Antibiotic Therapy

In combination with incision and drainage prior to Word catheter insertion or marsupialisation, if antibiotic therapy is indicated in select cases with signs of local/systemic infection and for women with risk factors for a complicated recovery (pregnancy,

immunocompromised, increased risk of MRSA), discuss with Consultant Microbiologist for further advice.

References

1. Kroese et al (2017), BJOG: 124 (2), 243-249
2. Balloon catheter insertion for Bartholin's cyst or abscess. Interventional procedures guidance. Published: 16th December 2009. www.nice.org.uk/guidance/ipg323
3. BNF: Antibiotic choices for cellulitis

Appendix

1. Patient Information Leaflet

WORD%20catheter%20PIL%20updated

2. Consent policy

Consent%20Policy.docx