

<b>Reference Number: RA-U/S-PR-1</b> <b>Version Number: 3</b>	<b>Date of Next Review: Sept 2025</b>  <b>Previous Trust/LHB Reference Number: N/A</b>
<b>Management of Simple Ovarian and Other Adnexal Cysts Imaged on Ultrasound</b>	
<b>Introduction and Aim</b>  Consistency in reporting, follow up and management recommendations of simple and other adnexal cysts detected on ultrasound.	
<b>Objectives</b> <ul style="list-style-type: none"> <li>• Ensure the standardisation of gynaecological ultrasound examinations.</li> <li>• Consistent management of Gynae ultrasound scanning by Sonographers / Radiologists to facilitate an accurate and thorough approach to the examination with accurate reporting to the referring clinician</li> </ul>	
<b>Scope</b>  This guideline applies to all of our staff within the Radiology Directorate in all locations including those with honorary contracts. (excludes medical physics – pelvic mass clinic)	
<b>Equality Health Impact Assessment</b>	<i>An Equality Health Impact Assessment (EHIA) has not been completed.</i>  It did not appear relevant and proportionate at this time to undertake a full Equality Impact Assessment
<b>Documents to read alongside this Procedure</b>	<ul style="list-style-type: none"> <li>• Ovarian cancer: recognition and initial management Clinical guideline [CG122] Published date: April 2011</li> <li>• Ovarian cancer Quality standard [QS18] Published date: May 2012</li> <li>• The Management of Ovarian Cysts in Postmenopausal women Green-top Guideline No. 34 July 2016</li> </ul>

Document Title: <i>Management of Simple Ovarian and Other Adnexal Cysts Imaged on Ultrasound</i>	2 of 9	Approval Date: 28/09/22
Reference Number:		Next Review Date: 23/9/2025
Version Number: 3		Date of Publication:30/9/2022
Approved By: GPF & Q&S		

	<ul style="list-style-type: none"> <li>• Management of Suspected Ovarian Masses in Premenopausal Women Green-top Guideline No. 62 RCOG/BSGE Joint Guideline I November 2011</li> <li>• Benign-appearing Incidental Adnexal Cysts at US, CT, and MRI: Putting the ACR, O-RADS, and SRU Guidelines All Together. Radio Graphics 2022; 42:609–624</li> </ul>
<b>Approved by</b>	Obstetric and Gynaecology Directorate. Dr Anju Sinha, Consultant Gynaecologist.

<b>Accountable Executive or Clinical Board Director</b>	<i>Dr Abraham Theron. Clinical Director, Obstetrics and Gynaecology</i>
<b>Author(s)</b>	<i>Nerys Thomas, Consultant Sonographer Dr Mary Hart, Consultant Radiologist Dr Anju Sinha, Consultant Gynaecologist</i>
<p><b><u>Disclaimer</u></b>  <b>If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Governance Directorate.</b></p>	

<b>Summary of reviews/amendments</b>			
<b>Version Number</b>	<b>Date of Review Approved</b>	<b>Date Published</b>	<b>Summary of Amendments</b>
3	28/9/2022	TBA	<i>State if either a new document, revised document (please list main amendments). List title and reference number of any documents that may be superseded</i>

Document Title: <i>Management of Simple Ovarian and Other Adnexal Cysts Imaged on Ultrasound</i>	3 of 9	Approval Date: 28/09/22
Reference Number:		Next Review Date: 23/9/2025
Version Number: 3		Date of Publication:30/9/2022
Approved By: GPF & Q&S		

--	--	--	--

## **Management of Simple Ovarian and Other Adnexal Cysts Imaged on Ultrasound**

### **SIMPLE CYSTS**

- Round or oval with smooth thin walls. No solid component or septation. No doppler flow.
- A single thin septation or small calcification in the wall – protocol as per simple cyst.

### **In women of reproductive age:**

1. **Cysts  $\leq 3$  cm:** Normal physiologic findings;  
*Report as normal. Do not need follow-up*
2. **Cysts  $>3$  and  $\leq 5$  cm:** Should be described in the imaging report  
*Do not need follow-up*
3. **Cysts  $>5$ cms:** Should be described in the imaging report;  
*8 Wk follow up appointment to be arranged by Radiology.*

#### ***Radiology report to include***

***If persistent advice referral to Gynaecology services. Check CA 125. If CA 125 < 35 U/L, for routine referral. If CA 125 > 35, please refer urgently***

Document Title: <i>Management of Simple Ovarian and Other Adnexal Cysts Imaged on Ultrasound</i>	4 of 9	Approval Date: 28/09/22
Reference Number:		Next Review Date: 23/9/2025
Version Number: 3		Date of Publication:30/9/2022
Approved By: GPF & Q&S		

## In postmenopausal women:

1. **Cysts  $\leq$  3 cm:** Are clinically inconsequential;

***Do not need follow-up.***

2. **Cysts  $>$  3 and  $\leq$ 5cm**

***Radiology report to include***

***Check CA 125. If CA 125  $>$  35 U/L, please refer urgently to gynaecology services. Repeat scan in 4 – 6 months if CA 125  $<$  35.***

3. **If cyst  $>$  5cm.**

***Radiology report to include***

***Check CA 125. Refer to gynaecology services urgently.***

## HAEMORRHAGIC CYSTS

- Complex cyst with reticular internal echoes, solid elements with concave margins.
- If not classic in appearance follow complex cyst protocol.

## In women of reproductive age

1. **Cysts  $\leq$ 3 cm:** Describe findings in keeping with hemorrhagic cyst.

***Do not advise follow up.***

2. **Cysts  $>$ 3 and  $\leq$ 7 cm:** Describe findings in keeping with hemorrhagic cyst.

***8 weeks follow up to be arranged by Radiology***

***If appearances are of resolving haemorrhagic cyst, Radiology to arrange follow up scan further 8 weeks.***

***Radiology report to include***

Document Title: <i>Management of Simple Ovarian and Other Adnexal Cysts Imaged on Ultrasound</i>	5 of 9	Approval Date: 28/09/22
Reference Number:		Next Review Date: 23/9/2025
Version Number: 3		Date of Publication:30/9/2022
Approved By: GPF & Q&S		

***If persistent > 3cms, advise referral to Gynaecology-services.  
Check CA 125 If CA 125 < 35 U/L, for routine referral. If CA 125 > 35,  
please refer urgently***

**3. Cysts >7 cm:** Describe findings,

***Radiology report to include***

***Check CA 125. Referral for further evaluation to Gynaecology services***

**In postmenopausal women:**

**Not physiological therefore not a likely finding.  
See Complex Cyst Guideline**

## **COMPLEX CYSTS**

**To include one or more of the following ultrasound features:**

- Multiple thin septations
- Solid nodule +/- Doppler flow
- Thick irregular septations

**In women of reproductive age:**

**1. Cysts ≤3 cm:** Describe findings.

***8 weeks follow up to be arranged by Radiology***

***Radiology report to include***

***If persistent advice referral to Gynaecology services.***

Document Title: <i>Management of Simple Ovarian and Other Adnexal Cysts Imaged on Ultrasound</i>	6 of 9	Approval Date: 28/09/22
Reference Number:		Next Review Date: 23/9/2025
Version Number: 3		Date of Publication:30/9/2022
Approved By: GPF & Q&S		

## 2. Cysts >3cms

### ***Radiology report to include***

***Check CA125. If CA 125 > 35, please refer urgently If CA 125 < 35 U/L, for routine referral***

***Referral for further evaluation to Gynaecology services***

## In postmenopausal women:

- All complex cysts:

Describe findings.

### ***Radiology report to include***

***Check CA 125. Urgent Referral for further evaluation to the Gynaecology services***

## Endometriomas

- Homogenous low-level internal echoes
- Small echogenic foci in wall.

## Women of reproductive age:

- If not classic in appearance follow complex cyst protocol
- All sizes, describe findings as in keeping with endometrioma.

### ***Radiology report to include***

***Consider referral to Gynaecology services***

## Dermoid cysts

- Focal or diffuse hyperechoic component

Document Title: <i>Management of Simple Ovarian and Other Adnexal Cysts Imaged on Ultrasound</i>	7 of 9	Approval Date: 28/09/22
Reference Number:		Next Review Date: 23/9/2025
Version Number: 3		Date of Publication:30/9/2022
Approved By: GPF & Q&S		

- Hyperechoic lines and dots
- Areas of acoustic shadowing
- No internal flow.

### **Women of reproductive age:**

- If not classic in appearance follow complex cyst protocol
- All sizes, describe findings as in keeping with dermoid.

***Radiology report to include  
Consider referral to Gynaecology services***

**IF IN DOUBT ABOUT APPEARANCES OF CYST,  
DISCUSS WITH CONSULTANT RADIOLOGIST.**

## **Pelvic Ultrasound Imaging Technique**

**Management of Suspected Ovarian Masses in Premenopausal Women. Green-top Guideline No. 62. RCOG/BSGE Joint Guideline I November 2011**

“A Pelvic Ultrasound is the single most effective way of evaluating an ovarian mass with transvaginal sonography being preferable due to its increased sensitivity over transabdominal ultrasound”

**TVS Should be performed in all cases where pathology is suspected or image quality is suboptimal**

Document Title: <i>Management of Simple Ovarian and Other Adnexal Cysts Imaged on Ultrasound</i>	8 of 9	Approval Date: 28/09/22
Reference Number:		Next Review Date: 23/9/2025
Version Number: 3		Date of Publication:30/9/2022
Approved By: GPF & Q&S		

## **The Management of Ovarian Cysts in Postmenopausal women Green-top Guideline No. 34 July 2016**

“A Transvaginal pelvic ultrasound is the single most effective way of evaluating ovarian cysts in postmenopausal women”

“Transabdominal ultrasound should not be used in isolation. It should be used to provide supplementary information to transvaginal sonography particularly when an ovarian cyst is large or beyond the field of view of transvaginal ultrasound”

**TVS Should be performed in all cases where pathology is suspected or image quality is suboptimal**

Document Title: <i>Management of Simple Ovarian and Other Adnexal Cysts Imaged on Ultrasound</i>	9 of 9	Approval Date: 28/09/22
Reference Number:		Next Review Date: 23/9/2025
Version Number: 3		Date of Publication:30/9/2022
Approved By: GPF & Q&S		