

## 1. Introduction and Who Guideline applies to

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Bartholin's glands are located bilaterally at the base of the labia minora near the opening of the vagina. They secrete a lubricant when a woman is sexually aroused, which drains through ducts that empty into the vestibule. They are only palpable if infected or diseased. A cyst may form in the duct if it becomes obstructed and secretions are retained in the duct. The cyst may become infected and develop into an abscess. An abscess may also develop from infections of the gland or of the genitourinary system (such as gonorrhoea or chlamydia). Bartholin's cysts or abscesses typically present as painful swelling around one or both glands.

## 2. Guideline Standards and Procedures

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**2.1. Symptoms:** Usually include local tenderness and pain, fever, and dyspareunia. Sometimes associated with difficulty in sitting down, walking, and rarely passing urine due to fear of pain.

**2.2. Diagnosis:** Is usually made by physical examination which reveals enlarged gland of varying size, erythema, tenderness, fluctuant swelling and sometimes punctum if it has spontaneously ruptured.

A biopsy may be taken (particularly in women over 40 years with Bartholin's gland cysts or abscesses because they are thought to be at an increased risk of adenocarcinoma of the Bartholin's gland which is rare). Swabs may also be taken to test for sexually transmitted diseases (STDs).

**2.3. Treatment:** depends on the size of the cyst or abscess and the severity of symptoms.

- A. Conservative management of symptomatic cysts/abscesses- includes warm baths or compress and analgesics to alleviate symptoms.
- B. Antibiotics - If there is an infection and the abscess is small, antibiotics can be used.
- C. Surgical treatment
  - a. Incision and drainage +/- Marsupialization - Problematic cysts or abscesses are often marsupialised surgically; this is a procedure performed under general anaesthetic, inverting its wall with absorbable sutures to create a tract that will re-epithelialize. Sometimes I&D without marsupialisation can be done under local anaesthetic. With I&D combined with Marsupialisation, the recurrence risk is reduced. Patients are allowed to go home on the same day with analgesia. No further follow up is needed unless there is recurrence or infection or unusual pain.
  - b. Word Catheter: is a balloon catheter insertion done under local anaesthetic to create an epithelialized fistula or sinus tract to allow drainage.

## Insertion of Word catheter

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**Efficacy:** A case series reported operative success (defined as short-term abscess resolution with no need for marsupialisation and no recurrence) is 97% and 89% of women who retained the catheter for 4 weeks would recommend the procedure.

**Procedure:** The cyst can also be incised and drained, insertion of the balloon catheter insertion to create an epithelialized fistula or sinus tract to allow drainage. The catheter can be done under local anaesthetic, avoiding the risks associated with general anaesthetic.

The catheter has a stem (3 cm long) and an inflatable balloon tip to hold saline, which allows the catheter to remain in the cyst or abscess cavity. A stab incision approximately 3–4 mm long is made into the abscess or cyst on the mucosal surface of the labia minora, adjacent but external to the hymenal ring. A tissue specimen and/or swab may be sent. The catheter is inserted deep into the abscess or cyst cavity and the balloon is inflated with approximately 2–3 ml of saline. The incision should be large enough to allow drainage, but small enough to enable retention of the inflated balloon catheter. If pain persists after the balloon is inflated, it is partially deflated, leaving enough fluid to keep the catheter in place. A suture may be used to close the incision and hold the catheter in place. The free end of the catheter is tucked into the vagina and stays in place for up to 4 weeks to allow epithelialisation of the tract.

## 2.4. Advice and follow up:

Oral antibiotics may be given postoperatively, and specific treatment is given if an STI is detected.

Patients may return to work and normal activities if they may wish for.

Patients may resume sexual intercourse, but most women prefer to wait till the catheter has been removed and the area has completely healed.

Follow up appointment is made to attend GAU in 4 weeks (after epithelialisation is judged to have occurred) when the catheter is deflated and removed.

If the catheter falls out prior to appointment patient is advised to ring GAU for advice and review. If catheter falls out within 5 days reinsertion may be required after review if deemed necessary. If abscess is bigger or not relieved, consider I&D and marsupialisation under GA.

## 3. Education and Training

The education and training on WORD Catheter have been provided to the training registrars by Dr Rakhee Saxena, Miss Kurni and the Rep in the Friday afternoon teaching.

## 4. Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
Number of the procedures performed. Patient Satisfaction Questionnaire 6 months follow up to monitor success	Prospective Audit	Dr Rakhee Saxena Miss Manjula Kurni	6 months	

## 5. Supporting References (maximum of 3)

- NICE -Interventional procedure overview of balloon catheter insertion for Bartholin's cyst or abscess , April 2009
- 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 2.
- Yavetz H, Lessing JB, Jaffa AJ, et al. (1987) Fistulization: an effective treatment for Bartholin's abscesses and cysts. Acta Obstetrica et Gynecologica Scandinavica 66: 63–4 3.
- Word B. (1968) Office treatment of cyst and abscess of Bartholin's gland duct. Southern Medical Journal 61: 514–8

## 6. Key Words

Word catheter, Balloon Catheter, Bartholins cyst, Bartholins abscess

**The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.**  
**As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.**

DEVELOPMENT AND APPROVAL RECORD FOR THIS DOCUMENT			
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