

Patient Information: Ovarian Cysts

What is an ovarian cyst?

An ovarian cyst is a fluid filled structure in association with the ovary. Ovarian cysts may be normal (ovarian cysts form in every woman's ovary during the process of ovulation, known as physiological cysts) or abnormal. Most abnormal ovarian cysts are benign tumours (growths) of the ovary. Ovarian cancer, while rare, needs to be excluded.

How common are ovarian cysts?

Normal ovarian cysts develop in every woman in every cycle in association with the process of ovulation.

What do ovarian cysts do?

Most ovarian cysts do not produce symptoms.

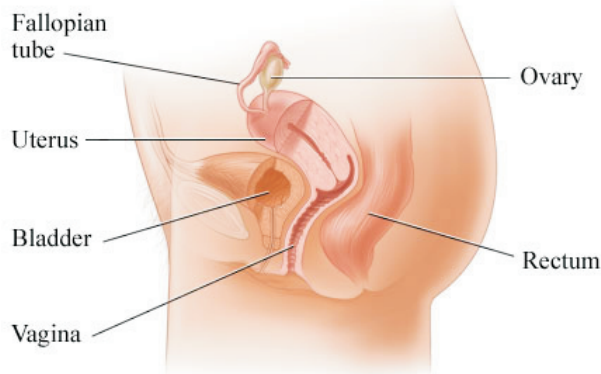
What are the symptoms?

The symptoms of ovarian cysts are variable and do not always correspond to the severity of the disease. Cysts may produce variable abdominal or pelvic pain or pain on intercourse. Both normal and abnormal ovarian cysts can produce symptoms, usually in relation to a complication of the cyst, such as:

1. Rupture
Ovarian cysts may burst (rupture) and spill their contents into the abdomen. Depending on the content of the cyst, this may cause pain and other complications.
2. Haemorrhage
Bleeding (haemorrhage) may occur into the cyst and produce pain.
3. Torsion
Cysts may twist (tort) and cause pain.
4. Size
Large ovarian cysts can cause compression of other abdominal and pelvic organs and produce symptoms.

How are ovarian cysts diagnosed?

Ovarian cysts may be diagnosed at the time of a pelvic examination, such as a Pap smear. Alternatively, the cyst may be imaged by ultrasound, CT or MRI. Blood tests, such as tumour markers (substances produced by certain types of cysts), may be required to aid in the diagnosis and prognosis.



What are the treatment options?

Ovarian cysts may be managed by:

1. Observation
As the majority of ovarian cysts are normal, many resolve by observation over a period of several weeks. Over this time, the progress will normally be observed by ultrasound.
2. Surgery
Surgical intervention is required if there is any suspicion of abnormality or if complications ensue. In general, this surgery is conservative in the young patient, where only the cyst is removed (cystectomy) and the ovary left behind. Older patients or patients with specific complicating factors may require the removal of the tube and ovary (salpingo-oophorectomy). This is normally performed laparoscopically (key hole surgery), but at times a laparotomy (open surgery) may be required.

How is this done?

Please refer to the individual information sheets on laparoscopy and laparotomy. The procedure is normally performed under a general anaesthetic in the operating theatre. The abdomen and pelvis are systematically evaluated and the cyst is peeled off the ovary, leaving this behind. If the ovary needs to be removed, this is usually performed in conjunction with removal of the tube on that side.

What happens after this procedure?

Usually, the ovary resumes normal function if a cystectomy has been performed. However, in certain circumstance, the ovary may not recover and fail. Provided the other ovary is working, this is of little consequence and you will continue to have your periods at your normal interval. However, should the other ovary not be functional, this will result in menopause, which may be permanent. This will mean the loss of your fertility and the consequences of the menopause, such as hot flashes, etc. Hormone replacement therapy may be required.

How effective is treatment?

The efficacy of the treatment depends on the nature of the cyst. Certain cysts have a high chance of returning (such as normal ovarian cysts associated with ovulation) while others have a low chance of recurring.