

## The facts about: Management of Ovarian Cysts

Ovarian cysts are common. A cyst is simply a fluid-filled sac on the surface of or inside your ovaries. Every month an egg is released from the ovary. It comes from a fluid-filled area called the follicle. If the egg fails to be released from the follicle, a follicular cyst may form. If the egg is released from the follicle but there is bleeding into the follicle, a corpus luteum (luteal cyst) may form. Both corpus luteum and follicular cysts are functional cysts. They normally do not need to be treated. Cysts after the menopause are different and need further investigation.

Many ovarian cysts cause no symptoms; however cysts can bleed, rupture, cause pain with intercourse, or undergo torsion. They may also enlarge, causing pressure on your bladder or bowel. The symptoms you may experience could include swelling in the lower abdomen, pain with intercourse, or pain with bowel movements. If you pain is very severe and associated with nausea and vomiting, this could indicate bleeding or a torsion. You should seek medical advice urgently if this were to happen.

## Tests for Ovarian Cysts

If your cyst is a functional cyst you will have had an abdominal and vaginal examination and an ultrasound. Other tests may be ordered, including CA125 or HE4. These are both tests for ovarian cancer. Sometimes a pregnancy test is ordered (AGG) and hormone levels such as oestradiol, FSH/LH, or testosterone.

## Management

Usually functional cysts will disappear within two months. The oral contraceptive is a good way of reducing the chance of new cysts forming. Surgery is required in some cases. These include cysts over 5cm in diameter, cysts which are causing pain, and complex ovarian cysts which persist. Surgery would normally involve a laparoscopy but may involve a laparotomy.