

Procedure Information Sheet - Marsupialization of Bartholin's Cyst

Introduction

- Bartholin's gland is a pair of glands at the vaginal orifice, one on either side. Their secretion lubricates the vulva and facilitates penetration during sexual intercourse. The lesser vestibular glands, around the vaginal opening have the same function.
- Marsupialization is an operative technique for treatment of the cyst. The cyst is cut open, its contents drained and the edges of the cyst then stitched to the edges of the skin incision. The wound is kept open for it to heal by "granulation".

Indications

1. Redness or swelling and pain in the vulval area when the cyst becomes an abscess due to infection.
2. Discomfort when walking, sitting or having sex.
3. Exact diagnosis or nature of the cyst is not certain.

Procedure

1. General anaesthesia.
2. The wall of the gland is incised and the content of the abscess is evacuated.
3. A swab is usually taken from the content for culture of bacteria and sensitivity test.
4. The edges of the cyst are then stitches to the skin incision.

Pre-operative preparation

1. You will need to sign a consent form and your doctor will explain to you the reason, procedure and possible complications.
2. No food or drink for 6-8 hours before operation.
3. Pubic hair is shaved if necessary as instructed by your doctor.

Possible risks and complications

- Anaesthetic complication.
- Wound infection.
- Bleeding from wound.
- Recurrence of the cyst.

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Post -operative information

1. You may have slight bleeding or discharge from the wound for about one week after the operation.
2. You should consult your doctor if the bleeding becomes heavy or there is smelly discharge.
3. You may take analgesics and antibiotics.
4. Consult your doctor before resuming sexual intercourse.

Remark

The above-mentioned procedural information is not exhaustive, other unforeseen complications may occur in special patient groups or different individual. Please contact your physician for further enquiry.

Reference

Folashade Omole, M.D., Barbara J. Simmons, M.D., and Yolanda Hacker, M.D. *Am Fam Physician*. 2003 Jul 1; 68(1):135-140.

I acknowledge that the above information concerning my operation/procedure has been explained to me by Dr. _____. I have also been given the opportunity to ask questions and receive adequate explanations concerning my condition and the doctor's treatment plan.

Name: _____

Pt No.: _____ Case No.: _____

Sex/Age: _____ Unit Bed No.: _____

Case Reg Date & Time: _____

Attn Dr: _____

Patient / Relative Signature: _____

Patient / Relative Name: _____

Relationship (if any): _____

Date: _____