

Having a balloon (Word) catheter inserted to treat a Bartholin's cyst or abscess in your vagina

Department of Gynaecology

Information for Patients

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What is a Bartholin's cyst or abscess?

There is a Bartholin's gland at each side of the entrance to the vagina. During sexual arousal, glands make lubricant that goes into the vagina through a small tube (duct) from the glands. If the duct becomes blocked, the gland can fill with mucus and a fluid-filled lump (cyst) can occur. This may cause an abscess if the gland or cyst becomes infected.

What are the symptoms?

- Painless or painful swelling with tenderness.
- Fever on some occasions.
- Pain or discomfort during sex.

What are the treatment options?

- Warm bath compress and painkillers.
- Antibiotics.
- Surgical treatment – involves drainage and to make a permanent opening that allows the gland to drain freely. This can be done by either:

Marsupialisation - where a small cut is made in the cyst or abscess to drain the fluid. The edges are then sewn outwards to create a small 'kangaroo pouch' which will allow any further fluid to drain out. This procedure takes 10 to 15 minutes under a general anaesthetic.

Balloon (Word) catheter insertion under a local anaesthetic.

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What is a balloon catheter?

A balloon catheter (also known as Word catheter) is a thin tube with a small inflatable balloon on one end, which allows fluid within a Bartholin's abscess or cyst to drain continuously.

The catheter will stay in place while new cells grow around it. This means the surface of the insertion wound heals, but a drainage passage is left in place.

The catheter is left in place for 4 weeks allowing tissue to heal over the catheter forming a new drainage passage. The aim is to create a new duct over the catheter which will remain open and reduce the chance of the abscess or cyst coming back again.

Having a balloon (Word) catheter under local anaesthetic is preferred due to its benefits for the patient but marsupialisation can be done if the patient wishes for it or if the abscess/ cyst is enormous.

What happens with Word catheter insertion?

The procedure will be done in the Gynaecology Assessment Unit or in the in the Gynaecology Clinic. It is a day case procedure and you will be able to go home the same day.

An assessment will take place by the gynaecologist and the procedure will be explained and you will be provided with patient information leaflet. You will then be asked to sign a written consent form if you agree.

First, a local anaesthetic is injected to numb the area. A small cut is made in the swelling to drain the fluid/ pus and a small flexible rubber tube (Word catheter) is then put into the gland and held in place by a tiny water-filled balloon usually inflated with 2 to 3ml of saline. Rarely a stitch may be used to help hold the balloon in place. The catheter stays in place for 4 weeks to allow complete drainage and healing of the cyst through the newly formed passage.



What are the benefits of having this procedure?

- You avoid being admitted to the hospital and a general anaesthetic.
- Good success rate and, in many cases, the abscess/ cyst does not return.
- You can also carry on with your normal life while the catheter is in place.

Are there any risks involved?

- Mild discomfort and/or feeling of swelling or pain (if the pain is severe then you can contact GAU and a gynaecologist will carry out an assessment, sometimes reducing some of the water in the balloon can help with the pain).
- The catheter may fall out.
- Cyst or abscess may return in about 1 in 6 women (up to 1 in 4 under a marsupialisation procedure).
- Infection, bleeding, scarring and pain or discomfort during sex (same as for a marsupialisation procedure).

Advice to follow after the Word catheter is inserted

- You will have some discomfort. This should be relieved by painkillers such as paracetamol. If it is too painful, you should make an appointment to return to the Gynaecology Assessment Unit (GAU) so that you can be examined and perhaps have a small amount of the water in the balloon removed.
- If antibiotics for this condition have been started please finish them. Follow the instructions given for this.
- If you have a period during this time and usually wear tampons you can continue to do so if you feel comfortable inserting and removing them.
- Wash the area at least 2 times a day in the shower. If you do not have a shower, then make sure that you rinse the area with clean water and do not use scented soap, shower gel, bubble bath, bath oils or talcum powder, as these will irritate the wound from the cut made during the procedure. You should wear sanitary pads to protect your underwear for the next 4 weeks while the catheter drains the abscess or cyst.
- You may return to work and your normal activities as soon as you wish and feel able to whilst you have the catheter in place.
- You may resume exercise and sexual intercourse when you feel up to it but most women prefer to wait till the catheter is removed and the area has completely healed after removal.

What if the catheter falls out?

If this happens contact the Gynaecology Assessment Unit (GAU) on 0116 258 6259 for further advice. If this happens in the first 5 days, sometimes the doctor will try and put it back in. If it is more than 5 days, the doctor may suggest doing nothing further unless the abscess builds up again.

Your follow-up appointment to remove the Word catheter

- The doctor or nurse will make a further appointment to see you again in 4 weeks to remove the Word catheter.
- Usually the bugs (bacteria) that cause an infection in a Bartholin's abscess are normally the same bacteria that you find in the vagina. However, sometimes a sexually transmitted infection is found. Therefore, we suggest that all women who have had a Bartholin's abscess think about having a test for sexually transmitted infections at a Sexual Health Clinic or at your GP surgery, once the abscess has healed.

Contact details

Gynaecology Assessment Unit (GAU) (24 hours everyday): 0116 258 6259 / 0116 258 6105

If you have any questions, write them down here to remind you what to ask when you speak to your nurse/ doctor:

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