



Ovarian Cysts

What are ovarian cysts?

Ovarian cysts are sacs of fluid contained within the ovary and are usually harmless. This fluid is usually clear or mucoid fluid but may be blood. These are referred to as simple cysts on ultrasound reports and are usually egg follicles at different stages of the menstrual cycle. They are often described as physiological cysts.

On occasions they may be referred to as tumours or growths if they are filled or partly filled with more solid or complex material. These tumours are still usually benign but may be malignant or cancerous. They are often referred to as complex cysts in ultrasounds.

What symptoms do they cause?

Ovarian cysts may present as:

1. Pelvic pain or lower abdominal pain. This pain may spread to the lower back or thighs. It is usually present as an ache but may come on acutely or rapidly
2. Menstrual disturbance which may be irregular, heavy or painful
3. Bloating or abdominal distension
4. Pain emptying the bowel or bladder.
5. Pain during sex.
6. Hormonal changes particularly with a condition called Polycystic ovarian disease or PCOS

Ovarian cysts may be complicated by:

1. Rupture
2. Torsion or twisting if the cyst twists or torts on its blood supply. This may be acute and severe and associated with nausea and vomiting because of its severity.
3. Cancerous change which is much more likely after the age of the menopause where there should be no activity in the ovary at all

How are they diagnosed?

Most ovarian cysts go undiagnosed for many years and can in fact begin during fetal development in rare cases. Ovarian cysts are diagnosed by pelvic examination and by Ultrasound. They may also be diagnosed as an incidental finding by other imaging of the pelvis like CT scans and even MRIs. Blood tests and in particular Tumour markers like Ca125 help to decide the risk of cancer or malignancy but may also be elevated in benign disease like endometriosis and uterine fibroids. Ruptured or torqued cysts are often diagnosed at Laparoscopy.

How are Ovarian cysts treated?

Most ovarian cysts are managed conservatively by just watching and performing a follow up ultrasound after 1 or 2 menstrual cycles as long as the pain permits this approach. This approach is usually for simple cysts less than 5cm and not complex cysts. It also depends on other ultrasound features and the Tumour marker tests described above which let the clinician determine the risk of cancer. If the cyst is large, complex or persists for longer than 2-3 cycles surgery is the treatment of choice so that a tissue diagnosis can be made and patients are free of the worry of Ovarian Cancer. This is particularly true for women who are post-menopausal. Surgery is almost always Laparoscopic or keyhole as even large cysts measuring up to 15cms can be placed in large spill proof plastic bags and removed by cutting into pieces via the umbilicus. This is mandatory if there is any risk of cancer. If there is a significant risk of cancer the operation is best done by a specialist gynaecological oncologist at a regional centre by open surgery or laparotomy.