

# Ovarian Cyst

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## What Is an Ovarian Cyst?

An ovarian cyst is a collection of fluid in a sac that is in or on an ovary. Many cysts are completely normal. Called **functional cysts**, these occur when the normal follicle that matured to release an egg does not shrink after the egg is released (ovulation). Functional cysts are soft, have thin membrane walls, and contain clear fluid. They will normally shrink over time, usually in about one to three months. If you have a functional cyst, your clinician may decide to follow this condition with a repeat examination again in one to three months to make sure the cyst has gotten smaller. Your clinician may suggest that you take birth control pills, so you won't ovulate. If you don't ovulate, you won't form functional cysts.

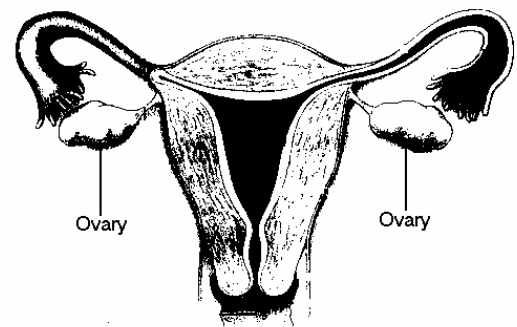
A cyst may cause a sense of fullness with or without swelling in the lower abdomen. There can be a steady, dull pelvic pain or pain with intercourse. Sometimes a cyst will rupture, causing a sudden, sharp pain. A brownish vaginal discharge may occur.

Another type of benign ovarian growth is called a **dermoid cyst**. It is unrelated to the menstrual cycle. Dermoid cysts are responsible for about 15 percent of all ovarian growths and are rarely malignant. These growths are embryonic remnants that may be present from birth. They may contain mature human tissue consisting of a few fully formed teeth, a mass of hair or portions of bones. Dermoid cysts may rupture and usually are surgically removed.

One of the most troublesome types of ovarian growths - the kind most likely to cause pain and potential fertility problems - is an **endometriotic cyst**, also called endometrioma or chocolate cyst. About one of four women with endometriosis - in which uterine lining cells are found in the pelvis and enlarge to cause painful periods and internal bleeding - develops these at some point during adulthood. If this type of ovarian cyst ruptures, its contents may spill over onto the surfaces of the various pelvic organs, which can eventually bind them to each other with scar tissue called adhesions. Prompt

treatment by medication and/or surgery is required. Fortunately, symptoms of progressively worsening abdominal fullness, bloating, or intense pain with menstruation and intercourse usually drive a woman to consult a gynecologist before endometriosis progresses to this danger point. These cysts usually are not seen on the sonogram.

**Polycystic ovaries** are multiple clear fluid filled cysts in both ovaries and are associated with menstrual problems and hormone imbalances.



## What Is a Sonogram?

A sonogram uses sound waves to make "pictures" of different organs in the body. It's an excellent way to "look" at ovaries. This kind of sonogram can be done two ways, either through your abdomen or through your vagina. When you have an abdominal sonogram, you have to have a full bladder so everything in your abdomen shows up on the picture.

If your ovarian cyst is small, you'll probably have a sonogram through your vagina. A long, narrow transducer, or probe, is put into a sterile covering and then put into your vagina. Neither type of sonogram is painful. The sonogram usually takes about 30 minutes. It will give the doctor valuable information about the size and the appearance of your cyst. A sonogram is also called an ultrasound.

If necessary, your doctor will order CT or MRI images to help diagnose an ovarian mass.



## ***Do I Need Surgery for an Ovarian Cyst?***

This depends on several things - your age, whether or not you are still having periods, the size of the cyst, its appearance and any symptoms you may be having related to the cyst. If you're still having periods and the cyst is functional, you probably won't need to have surgery. If the cyst doesn't go away after several menstrual periods, or if it gets larger, your doctor may want you to have an operation. Your doctor may want you to have surgery if your cyst doesn't look like a functional cyst on the sonogram.

Many ovarian cysts in women of childbearing age require surgery. These cysts are almost always benign, or non-cancerous. If you're past menopause and have an ovarian cyst, your doctor will probably want you to have surgery. Ovarian cancer is rare, but it's more common in women 50 to 70 years of age. Women who are diagnosed at an early stage do much better than women who are diagnosed later on.

## ***What Type of Surgery Would I Need?***

The type of surgery you need depends on the size of your cyst, how your cyst looks on the sonogram, or if your doctor thinks this might be cancer. If the cyst is small, about the size of a plum, if it looks benign on the sonogram, your doctor may decide to do a laparoscopy. This type of surgery is done with a lighted instrument like a slender telescope. This is put into your abdomen through a small incision either just above or just below your navel. With the laparoscope, your doctor can see your organs. Often the cyst can be removed with only small incisions in the pubic hairline. If the cyst looks too big to remove or drain with the laparoscope or if it looks suspicious in any way, your doctor will probably do a laparotomy. A laparotomy needs a bigger incision to remove either the cyst or the entire ovary.

## ***For Further Information:***

<http://www.obgyn.net/women/conditions/conditionsn-z.htm#ovariancysts>

