Midlands Family Medicine



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Education

Ovarian Cysts

What are ovarian cysts?

Ovarian cysts are fluid-filled sacs in or on an ovary. The two ovaries are part of the female reproductive system. They produce eggs and the female hormones estrogen and progesterone.

How do they occur?

Ovarian cysts are common and occur in two types: functional and abnormal. Functional cysts are quite normal. They may develop as a result of the normal functions of an ovary. The most common types of functional cysts are follicular and corpus luteum cysts:

- A follicular cyst forms when the follicle of an ovary gets bigger and fills with fluid as it produces an egg.
- A corpus luteum cyst occurs after an egg has been released from the follicle. If pregnancy does not occur, the
 corpus luteum usually disintegrates. However, occasionally it swells with fluid or blood and remains on the
 surface of the ovary as a cyst.

Functional cysts should not occur after menopause.

Abnormal cysts result from abnormal cell growth. Sometimes abnormal cysts are caused by cancer, but 95% of cysts are not cancerous. The most common abnormal cysts are dermoid cysts. These cysts are similar to skin tissue on the outside and are filled with fatty material and sometimes bits of bone, hair, nerve tissue, and cartilage.

You have a higher risk for getting an ovarian cyst if:

- You have pelvic inflammatory disease (PID).
- You have endometriosis.
- You have bulimia.
- You are taking a drug for epilepsy called valproate.
- You are taking fertility drugs.

What are the symptoms?

Ovarian cysts often cause no symptoms at all.

If symptoms occur, they may be:

- weight gain
- abdominal pain or indigestion
- pelvic pain during sexual intercourse
- changes in menstrual periods such as heavy periods, painful periods, or no periods
- a firm, painless swelling in the lower abdomen
- a feeling of pressure or fullness in the abdomen or pelvis
- irregular bowel or bladder function
- a feeling of pressure on the rectum or bladder

- an increase in facial and body hair
- acne.

If the cyst becomes twisted, it usually causes severe abdominal pain, nausea, and vomiting.

It is important for cysts to be found, checked, and possibly treated if they do not go away because sometimes they rupture (burst). A ruptured cyst can be very painful and dangerous, especially if it is filled with blood.

How are they diagnosed?

Your health care provider may find a cyst during a routine pelvic exam. Sometimes the mass that a provider might feel during an exam has other causes. For example, instead of a cyst it might be a growth on another organ, or it might just be stool in the rectum. You may have an ultrasound scan to check for an ovarian cyst. Ultrasound can also be used to measure the size of a cyst. Computed tomography (CT) and magnetic resonance imaging (MRI) are other scans that might be done.

In some cases, you may have a laparoscopy to check for or examine a cyst. For this procedure your provider uses a thin flexible tube and tiny camera inserted through tiny cuts in your abdomen to look at your ovaries. A sample of fluid may be removed from a cyst for lab tests.

How are they treated?

Functional ovarian cysts usually go away without treatment. Functional cysts that don't go away can sometimes be drained. Abnormally large cysts (5 centimeters or larger) that don't go away after 3 menstrual cycles may be treated with hormone medicine or they may be removed with surgery. Twisted cysts need to be treated with surgery right away before they damage the ovary.

Most ruptured cysts do not need surgery and are treated with pain medicine until the body absorbs the cyst fluid. If the ruptured cyst bleeds and continues to bleed, surgery may be needed to stop the bleeding.

A cyst that is not cancerous may be removed and both ovaries left intact in a surgical procedure called a cystectomy. If only one ovary has a cyst, that ovary may be removed completely and the other one left intact in a procedure called an oophorectomy. You can usually still get pregnant if just a cyst or just one ovary is removed. However, if a cyst is cancerous, it may be necessary to remove both ovaries and the uterus. In this case, you will no longer be able to get pregnant.

Persistent cysts in menopausal women must be removed because they might be cancerous.

How long will the effects last?

Many ovarian cysts cause no noticeable symptoms. Functional cysts usually go away on their own within 2 or 3 menstrual cycles. However, it is important for you to have regular checkups so that if you have a cyst and there is any chance of the cyst rupturing, the cyst can be removed before it ruptures. If a cyst becomes very large, it needs to be removed because otherwise it might destroy the ovary.

How can I help take care of myself?

Have regular pelvic exams when you become sexually active or by the age of 21, whichever happens first.

Call your health care provider if:

- You have abdominal pain.
- There are changes in your menstrual periods.
- You have swelling in your abdomen.
- You have an increase in facial hair, acne, and weight gain.
- You feel pressure on your rectum or bladder.
- You have pain during sexual intercourse.

How can I help prevent ovarian cysts?

There is no definite way to prevent the growth of ovarian cysts. You should have a physical exam, including a pelvic exam and Pap test, every year or as often as your health care provider recommends. Doing this will help ensure that changes in your ovaries are diagnosed as early as possible.

If you tend to have ovarian cysts often, your provider may recommend that you take birth control pills to help stop the cysts from coming back. Your provider may also recommend more frequent exams.

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