

Ovarian cysts: A very common problem

Many women experience ovarian cysts. Most are harmless and key-hole surgery offers a quick, effective treatment.

Experts estimate most women of childbearing age will have one or more ovarian cysts. In most cases these cysts present no symptoms and cause little discomfort. As a result, they often go undetected and are only discovered during routine physical exams.

Some are picked up by chance on an ultrasound performed for other reasons, such as during a pre-natal check up. When symptoms do occur, they are usually in the form of pain or a late period.

Ovarian cysts are small fluid-filled sacs that develop in a woman's ovaries. Women have two ovaries, each about the size and shape of an almond, on each side of the uterus. Eggs (ova) develop and mature in the ovaries and are released monthly during childbearing years.

Ovarian cysts can affect women of all ages; however, they are more common during a woman's childbearing years (from puberty to menopause). They can also occur during pregnancy and affect about one in every 1,000 pregnant women.

While cysts may be found in ovarian cancer, most occur normally and are not part of a disease process. Usually they are benign, meaning they are harmless and not cancerous. They do not affect the growth of a fetus, and often disappear within weeks without treatment.

Ultrasound can be helpful in determining if a mass is benign or malignant, although it cannot do so with 100 per cent certainty. If the ultrasound shows no evidence of cancer and the cysts are fewer than two inches in diameter, a doctor will likely recommend follow-up ultrasonic observations at regular intervals to monitor the cyst.

Possible symptoms such as a feeling of pressure or pain in the pelvic may indicate problems such as rupturing, bleeding, or pain which warrants surgery to remove them or take samples for analysis.

On the other hand, suspicious-appearing cysts may warrant immediate evaluation.

A doctor may recommend removal of the cyst if it is large, doesn't look like a functional cyst, is growing, or persists through two or three menstrual cycle, to prevent further problems.

The good news is that a gynecologist can now remove a cyst through small incisions in the abdomen, which means the procedure can be done with a short hospital stay.

This procedure, known as laparoscopic surgery, involves using a telescope placed through the navel and small instruments placed near the pubic bone to remove the cyst.

The problem with large, even benign, cyst during pregnancy is that they may rupture or torque (twist on themselves). Either of these events leads to significant pain for the mother and carries a risk of miscarriage or preterm labour and delivery for the baby. Large cysts of more than six to eight centimetres are usually removed surgically if they do not decrease in size spontaneously over the course of a few weeks.

In pregnancy, the best time to operate is in the second trimester, ideally around 14 to 16 weeks.

In most situations, the operating time for laparoscopic surgery takes no longer than standard surgery. However, the benefit of laparoscopic surgery is that a patient may leave the hospital the same day and return to normal activity within a week or two.

Although the risk of ovarian cysts being cancerous is small, it is still a possibility. The best way for women to protect their health is to schedule regular pelvic examinations, especially if planning a pregnancy.

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