Understanding NICE guidance
Information for people who use NHS services

Inserting an inflatable balloon to treat a Bartholin’s cyst or abscess

This leaflet is about when and how inserting an inflatable balloon can be used in the NHS to treat women with a Bartholin’s cyst or abscess. It explains guidance (advice) from NICE (the National Institute for Health and Clinical Excellence).

Interventional procedures guidance makes recommendations on the safety of a procedure and how well it works. An interventional procedure is a test, treatment or surgery that involves a cut or puncture of the skin, or an endoscope to look inside the body, or energy sources such as X-rays, heat or ultrasound. The guidance does not cover whether or not the NHS should fund a procedure. Decisions about funding are taken by local NHS bodies (primary care trusts and hospital trusts) after considering how well the procedure works and whether it represents value for money for the NHS.

NICE has produced this guidance because there is not a lot of information about how well it works, how safe it is and which patients will benefit most from it.

This leaflet is written to help people who have been offered this procedure to decide whether to agree (consent) to it or not. It does not describe Bartholin’s cysts or the procedure in detail – a member of your healthcare team should also give you full information and advice about these. The leaflet includes some questions you may want to ask your doctor to help you reach a decision. Some sources of further information and support are on the back page.
What has NICE said?

This procedure can be offered routinely as a treatment option for a Bartholin’s cyst or abscess provided that doctors are sure that:

- the patient understands what is involved and agrees to the treatment, and
- the results of the procedure are monitored.

Inserting an inflatable balloon to treat a Bartholin’s cyst or abscess

The medical name for this procedure is ‘balloon catheter insertion for Bartholin’s cyst or abscess’.

Please talk to your doctor for a full description of the procedure.

There is a Bartholin’s gland at each side of the entrance to the vagina. During sexual arousal they produce lubrication that enters the vagina through a small duct (tube) from each gland. If the duct becomes blocked the gland can fill with mucus and a cyst (a fluid-filled lump) can occur. An abscess can occur if the gland or cyst becomes infected. Symptoms may include tenderness and pain, fever, and pain or discomfort during sex. Usual treatment is by warm baths, compresses and pain killers to relieve the symptoms. Antibiotics may be given if there is an infection. However, if the cyst or abscess is causing symptoms and does not respond to these treatments, surgical treatment may be used to drain it or to make a permanent opening that allows the gland to drain freely.

Insertion of an inflatable balloon is a non-surgical procedure that can be performed as an outpatient by a GP or specially trained nurse. It involves making a passage from the cyst or abscess through which the gland can drain. The patient is usually given a local anaesthetic, although general anaesthesia may also be used. A cut is made into the cyst or abscess, which is then drained. A tissue sample may also be taken to check for an infection or tumour at this stage. A flexible tube (called a catheter) with a small, specially designed balloon at its tip is inserted into the cyst or abscess to create a passage. The balloon is inflated with liquid and a stitch may be used to partly close the cut and help hold the balloon in position. It is then left in place for up to 4 weeks to allow new skin to form around the passage and for the wound to heal. The balloon is then deflated and removed, allowing the gland to drain through the newly formed passage.

Summary of possible benefits and risks

Some of the benefits and risks seen in the studies considered by NICE are briefly described here. NICE looked at 3 studies on this procedure.
What does the procedure involve?

A study of 35 women with Bartholin’s abscess who were treated with a balloon catheter reported that 34 out of 35 catheters were inserted successfully to initially treat the abscess. The catheter stayed in place for 4 weeks and healed successfully in 27 of these women, 24 of whom said that they would recommend the procedure. The catheter fell out after 24 hours in 3 women, after 1 week in 3 women and after 11 days in 1 woman. However, treatment was still considered successful in 6 of the 7 women whose catheters fell out. One woman later had an operation to treat her abscess.

In 8 out of 46 women in a study of women with Bartholin’s cysts or abscess who were treated with balloon catheters, the cyst or abscess grew back and the procedure was repeated.

Cysts grew back in 2 patients in a study of 68 women who had a balloon catheter inserted. In 1, whose cyst grew back after 6 months, it was thought that the catheter was removed too early. The other woman had a cyst develop 5 years after the procedure.

As well as looking at these studies, NICE also asked expert advisers for their views. These advisers are clinical specialists in this field of medicine. The advisers said that a successful procedure is where healing occurs in the initial few weeks after the procedure and a cyst or abscess has not developed again 6 months later.

You may want to ask the questions below

- What does the procedure involve?
- What are the benefits I might get?
- How good are my chances of getting those benefits? Could having the procedure make me feel worse?
- Are there alternative procedures?
- What are the risks of the procedure?
- Are the risks minor or serious? How likely are they to happen?
- What care will I need after the procedure?
- What happens if something goes wrong?
- What may happen if I don’t have the procedure?
**Risks and possible problems**

In 1 woman in the study of 68 women, the catheter was thought to have been improperly inserted. The inflated balloon damaged the skin at the entrance to the vagina and a ‘necrotic’ abscess developed, which means tissue at the abscess died. A second woman in this study was admitted to hospital for 9 days because the catheter was inserted in the wrong position. She still had a cyst a year later.

Five women in the study of 35 said that they had mild discomfort. One said that she had moderate discomfort and a feeling of swelling, which stopped when some of the liquid was removed from the balloon.

As well as looking at these studies, NICE also asked expert advisers for their views, who are clinical specialists in this field of medicine. The advisers said that possible problems include pain if the balloon is too full, which could be relieved by letting out some of the liquid. They also said that, in theory other problems could occur, such as infection, abscess recurrence, bleeding, pain while the catheter is in place, scarring, problems with loss of the bulb of the catheter and pain or discomfort during sex.

**More information about Bartholin’s cyst or abscess**

NHS Choices (www.nhs.uk) may be a good place to find out more. Your local patient advice and liaison service (usually known as PALS) may also be able to give you further information and support.