

## Balloon Catheter Insertion for Bartholin's Cyst or Abscess ('Word catheter') - Full Clinical Guideline

Reference: Gynae/07:22/B1

### Contents

Section		Page
1	Introduction	1
2	Indication	1
3	Contraindications	1
4	Procedure	1
5	Following the procedure	2
6	Audit	2
7	References	2
	Documentation Control	3

#### 1. Introduction

The **Word catheter** is a small balloon catheter inserted into the cavity of a Bartholin's abscess/cyst under local anaesthetic. It is left in-situ for 4 weeks to allow epithelialisation of the drainage tract and thus minimise recurrence risk.

#### 2. Indication

For the treatment of Bartholin's abscess/cyst.

#### 3. Contraindications

Absolute:

- Patient refusal

Relative (for consultant review before procedure):

- Recurrent abscess/cyst on same side
- Suspicion of malignancy
- Complex collection (likelihood of failure if loculated)

#### 4. Procedure

Patient information leaflet to be given

*Verbal* informed consent to be obtained after explanation and confirmation and documentation of which side to treat:

- Nature of condition (Bartholin's abscess/cyst)
- Procedure to be performed (local anaesthetic, small catheter, leave in place for 4 weeks)
- Success rate (97% success, recurrence reported up to 17% over years (compared to 20% general recurrence risk for Bartholin's abscess).

Place woman in lithotomy position

Use aseptic technique:

- Clean area with sterile water/chlorhexidine solution
- Inject local anaesthetic (up to 5 mL lidocaine 0.5% or 1% - usually 2-3 mL)
- Incise medial aspect of abscess (stab incision, No 11 blade).
- Send swab of pus to microbiology.
- If malignancy is suspected take a biopsy for urgent histology (abscess still needs draining).
- Gently explore abscess cavity with swab to ensure adequate drainage.
- Insert Word catheter.
- Inflate with up to 3 mL saline (often 2 mL sufficient)

Antibiotic treatment should not be given unless there is surrounding erythema or cellulitis, or if the woman is systemically unwell, in which case prescribe a broad spectrum antibiotic (as the organisms are usually mixed vaginal flora, though 20% gonorrhoea).

## 5. **Following the procedure**

Make appointment for review and removal of catheter after 4 weeks.

Ensure swab result chased and woman contacted if growth of gonorrhoea.

Inform woman that she should

- Report if the catheter falls out (consider reinsertion if within 5 days)
- Report if it is painful (consider removing 1-2 mL saline from the balloon)
- Resume normal activities (including exercise and sex) after 3 days
- Advise STI screen if the woman is sexually active as there is a reported 20% rate of culture of gonorrhoea from abscess pus in one study (not to be performed at the time in view of patient discomfort).

## 6. **Audit (ongoing)**

- Number of women with Bartholin's abscess/cyst treated with Word catheter versus conventional incision + drainage and marsupialisation under GA.
- Successful procedure (where healing occurs in the initial 4 weeks after the procedure and a cyst or abscess has not developed again 6 months later).

## 7. **References**

- NICE Interventional Procedure Guidance No 323 (December 2009)
- Haider Z, Condous G, Kirk E, et al. The simple outpatient management of Bartholin's abscess using the Word catheter: a preliminary study. *Australian & New Zealand Journal of Obstetrics & Gynaecology* 2007;47:137-40
- Wechter ME, Wu JM, Marzano D, Haefner H. Management of Bartholin duct cysts and abscesses: a systematic review. *Obstet Gynecol Surv.* 2009;Jun;64(6):395-404

## Documentation Control

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