Ovarian Cyst and Torsion

An ovarian cyst (Oh vair ee uh n Sist) is a fluid filled sac in or on the surface of an ovary. It often forms during or after ovulation.

Ovaries are female reproductive organs. One ovary is located on each side of the uterus in the abdomen (Picture 1). It is held in place by strong tissue or skin called a ligament (Utero-ovarian Ligament). When the ovary becomes partly or totally twisted around the ligament, it is called ovarian torsion (oh VAIR ee uh n TAWR shuhn).

Each ovary contains thousands of tiny eggs. Hormones made in the brain and in the ovary cause one egg to mature and be released each month from a sac inside the ovary. This is called ovulation. If the egg is not fertilized, it dissolves in the body. Menstruation or a “period” occurs about 2 weeks later.

When the egg is released during ovulation, the sac that held the egg should also disappear. If the egg does not leave the sac in the ovary or if the sac closes before dissolving, it can fill with fluid and form a cyst.

In adolescent and young women, the presence of a cyst is normal. The cyst is called a functional cyst. Many females have functional cysts without knowing. The cysts shrink or dissolve after ovulation.

Sometimes a cyst can get large and burst or rupture. The larger the cyst, the more likely that ovarian torsion will occur. With ovarian torsion, the blood supply to the ovary can be blocked and permanently hurt the ovary.

Functional cysts do not cause cancer.

Signs and symptoms

Functional cysts rarely cause symptoms. Since other illnesses have similar symptoms, a health care provider will need to diagnose the cause of your symptoms.

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Signs and symptoms, continued

Symptoms include:
- aching or sudden lower abdominal (belly) pain
- bloating in the lower abdominal area
- nausea, vomiting or loss of appetite
- dizziness when standing up from a sitting position
- changes in the timing of menstruation
- very heavy vaginal bleeding
- change in bowel movements
- more frequent urination
- weight gain
- pain during or after sex

The sudden onset of severe symptoms requires evaluation by a health provider right away. It may be a medical emergency.

Diagnosis

- **Routine pelvic exam**: the doctor will check for the presence of a mass.

- **Imaging tests**:
  - **Ultrasound**. This test uses sound waves to make an image of the ovaries. It helps the physician to know the size and location of the cyst. Ultrasound is the test most often used for diagnosis. See Helping Hand HH-III-54, *Ultrasound Scan*.
  - **MRI** (magnetic resonance imaging). A large magnet and radio waves are used to create a 3-D image of the ovary. See Helping Hand HH-III-69, *MRI (Magnetic Resonance Imaging)*.
  - **CT scan** (computed tomography). Special X-ray equipment is used to create a detailed picture of the ovary. Like a slice of bread, a CT creates a cross-section view. See Helping Hand HH-III-19, *CT Scan*.

- **Laparoscopy**. A surgeon makes a small cut in the abdomen. Using a camera with a light, the surgeon can look at the cyst. Laparoscopy is done if the ultrasound shows a cyst that is unlikely to go away or dissolve on its own. The cyst is removed from the ovary and sent for testing. The ovary is left in place. Laparoscopy is also done if the providers are worried about ovarian torsion or bleeding from the cyst. Both of those situations can be medical emergencies.

- **Blood tests**. Sometimes, depending on how the cyst looks when it is imaged, your doctor may order blood tests to learn more about what type of cyst you have.

Complications

- Ruptured ovarian cysts can cause the release of fluid from the cyst or bleeding into the abdomen.

- By cutting off the blood supply to the ovary, ovarian torsion can cause inflammation and death of the ovary.
Treatment

- Wait and watch. The health provider may want to wait for 1 to 2 months before treating to see if the cyst goes away on its own. Usually, the cyst has not caused severe symptoms but an ultrasound has confirmed its presence. You will be reexamined after 1 to 2 menstrual cycles. An ultrasound may be done again to monitor the cyst.

- Pain relief. Sometimes using moist heat and over the counter pain medicine, such as Tylenol®, Advil® or Aleve® can help. Read the medicine label carefully to know the right dose to take. A heating pad or a warm bath relieves pain. Make sure that you do not burn yourself.

- Avoid vigorous activity. If you have a large cyst, the health care provider might ask you to avoid vigorous activity until the cyst grows smaller and goes away. Extreme activity might cause ovarian torsion.

- Birth control (BC) pills may be ordered to stop ovulation. Stopping ovulation may prevent new cysts from forming. Taking BC pills does not help a cyst that is already present to go away.

- Surgery. Although rarely needed, surgery may be done if the cyst is very large. Emergency surgery is needed when a cyst has burst and bled into the abdomen or there is ovarian torsion.
  - Cystectomy: This is the most common form of treatment. The cyst is removed without removing the ovary. Cystectomy can be done by laparoscopy or by making a larger incision in the abdomen (laparotomy). Removing the cyst does not prevent new cysts from forming in the future.
  - Oophorectomy (oh of uh REK tuh me): The complete ovary, including the cyst, is removed.
  - Salpingo-oophorectomy: The fallopian tube, ovary and cyst are removed.

As long as at least one ovary is present, a woman can still get pregnant.

After surgery, call your doctor if:

- You have a fever greater than 101°F.
- There is redness at the surgical site.
- There is drainage from surgical site.
- You have heavy vaginal bleeding.
- You have pain that does not go away.
- You have any questions.