

HEALTH BYTES

“ Ovarian cysts ”

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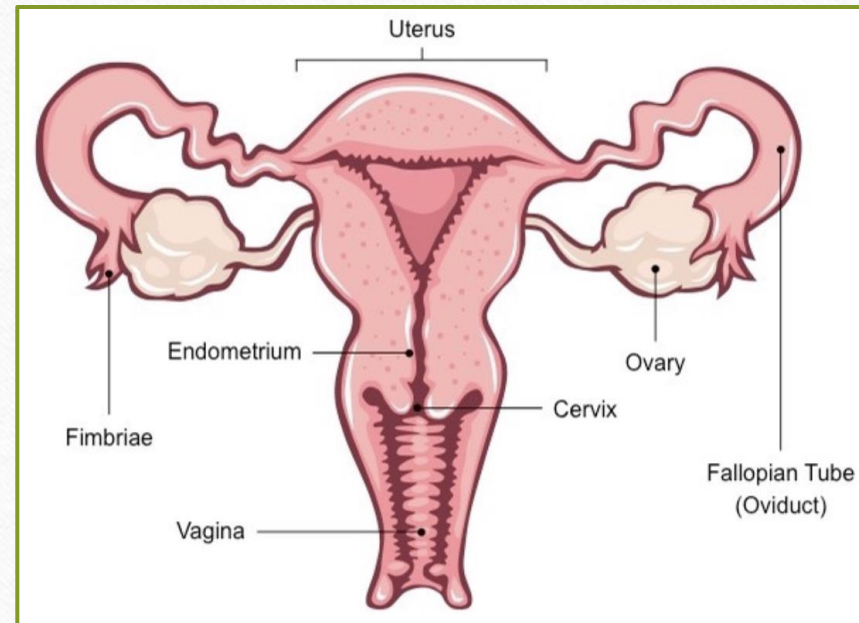
National and International publications

Main area of interest in Gynecological endoscopy: Endometriosis, fibroids, hysterectomy, ovarian cysts

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What are ovaries?

Ovaries are a woman's reproductive organs that make female hormones and release an egg from a follicle (a small fluid-filled sac) each month. The follicle is usually about 2–3 cm when measured across (diameter) but sometimes can be larger



What is an ovarian cyst ?

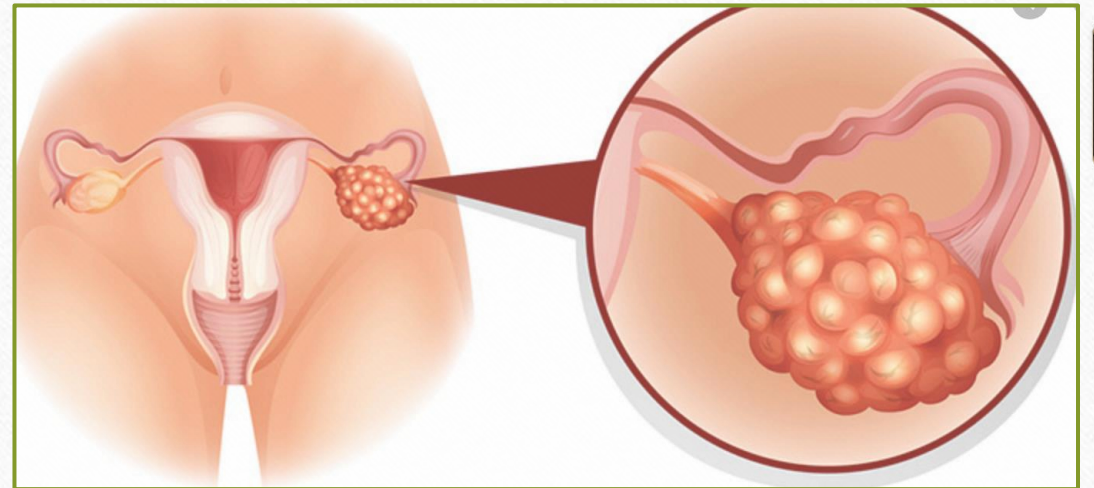
An ovarian cyst is a larger fluid-filled sac (more than 3 cm in diameter) that develops on or in an ovary. A cyst can vary in size from a few centimetres to the size of a large melon. Ovarian cysts may be thin-walled and only contain fluid (known as a simple cyst) or they may be more complex, containing thick fluid, blood or solid areas.

Very common

Self-resolving

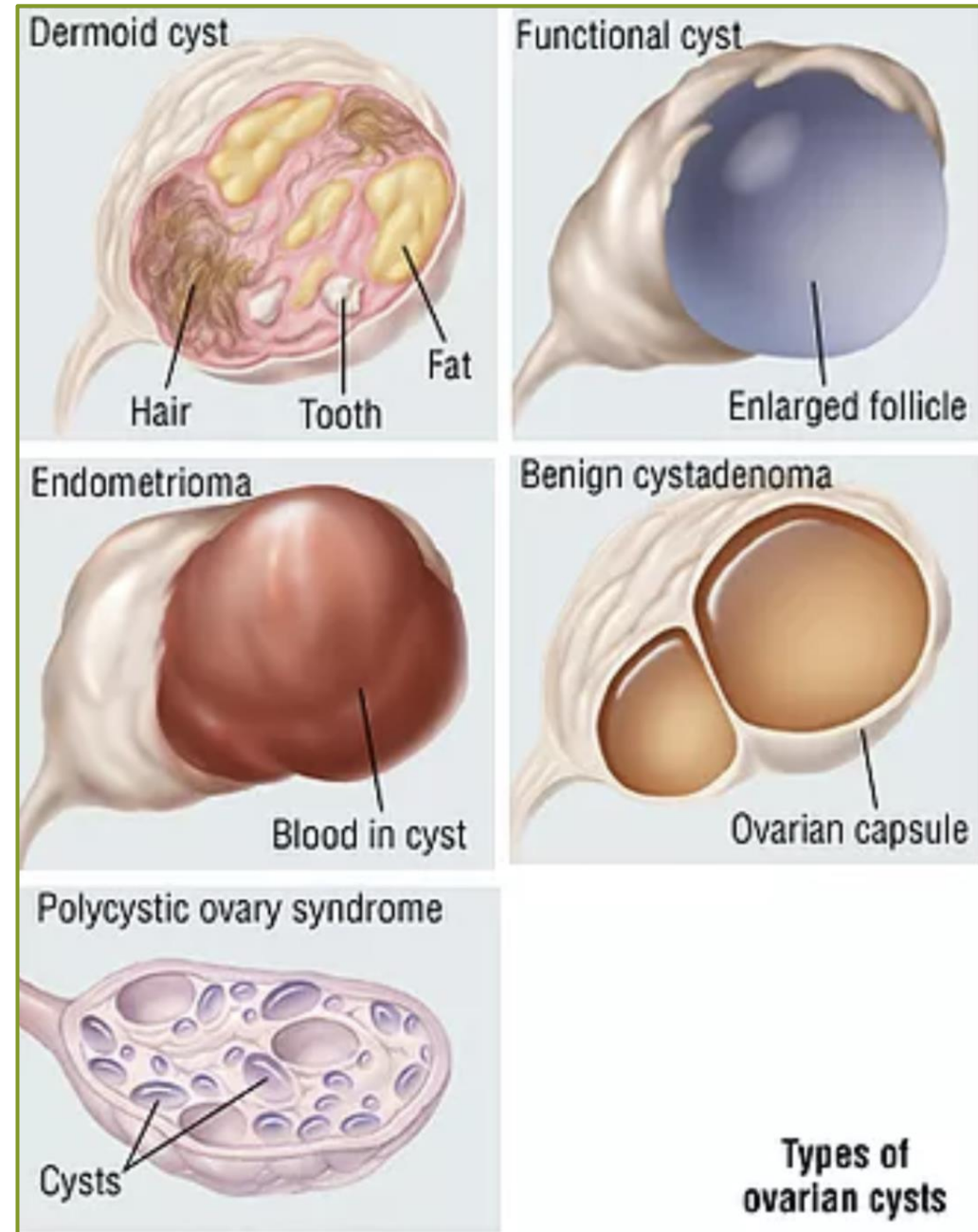
Hormonal pills given to prevent production of new cyst

1 in 10 need surgery

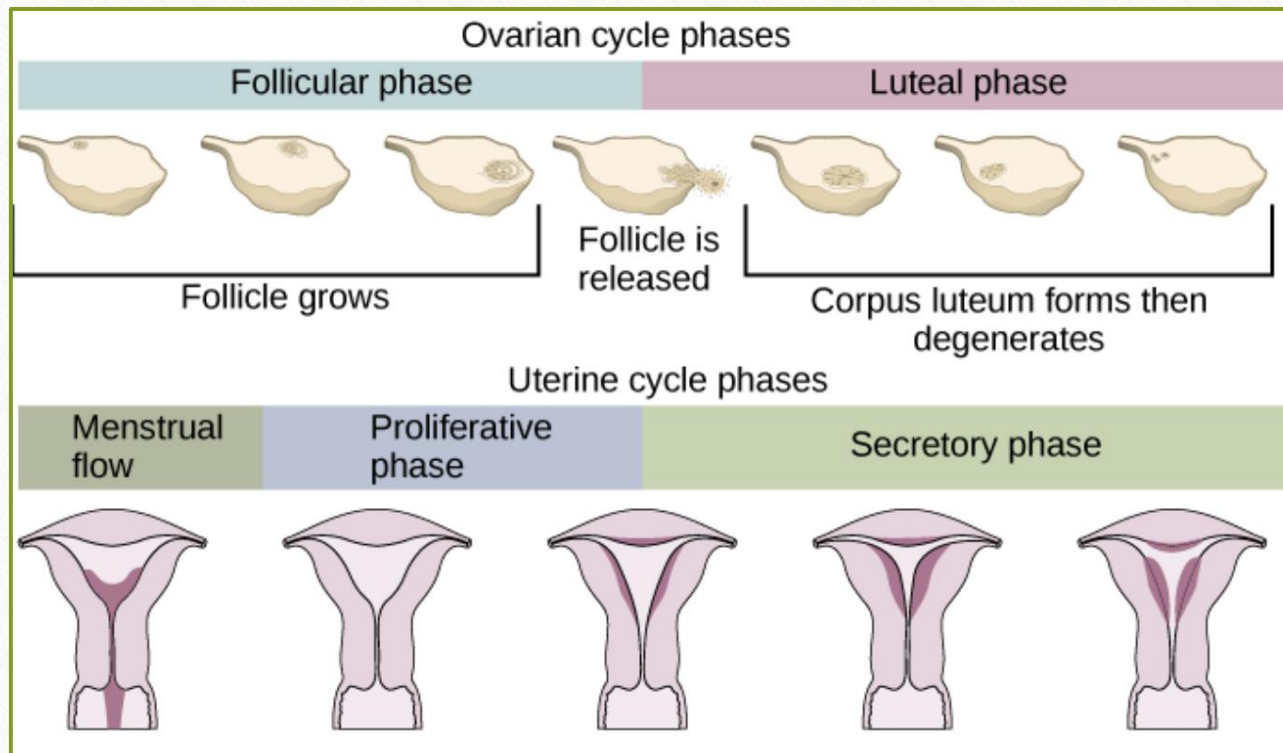


Types of ovarian cyst

- Functional cysts (Follicular, corpus luteal)
- Simple cyst
- Hemorrhagic (blood filled)
- Endometriotic cyst
- Polycystic ovary syndrome
- Benign cystadenoma
- Ovarian cancer



Ovarian cycle and periods

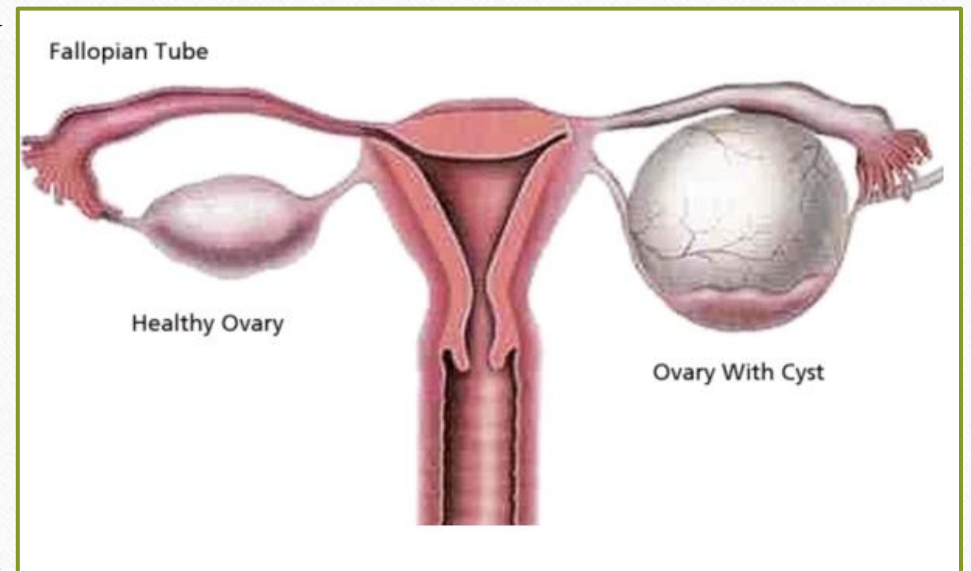


Follicular cyst
Corpus luteal cyst

Types of ovarian cyst

Simple cyst

- which is usually a large follicle that has continued to grow after an egg has been released
 - most common cysts to occur
 - most disappear within a few months
 - can recur
- < 5cm :- no treatment , follow up, repeat USG
- > 5 cm:- May be offered MRI/CT scan, Surgery to remove cyst

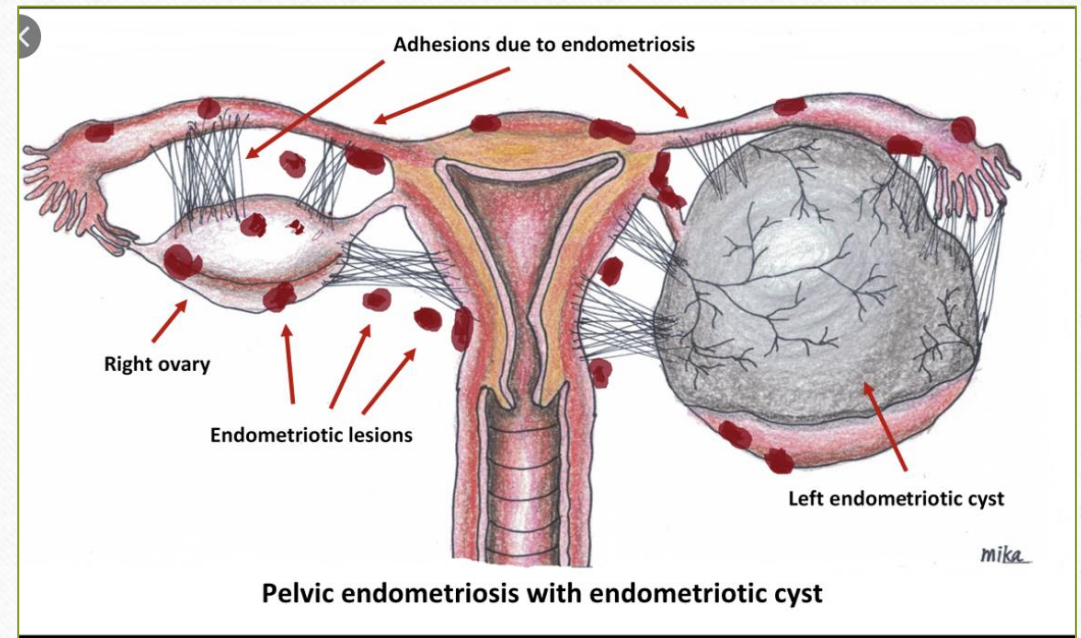


Types of ovarian cyst

Endometriotic cyst

Condition in which cells of the lining of the womb are found outside the womb, sometimes causes ovarian cysts and these are called endometriomas

- Can recur
- To be treated – medical/surgical



Types of ovarian cyst

Dermoid cyst

- Dermoid cyst, which develops from the cells that make eggs in the ovary, often contains substances such as hair and fat.
- need to be removed at any age and any size



What symptoms will I have?

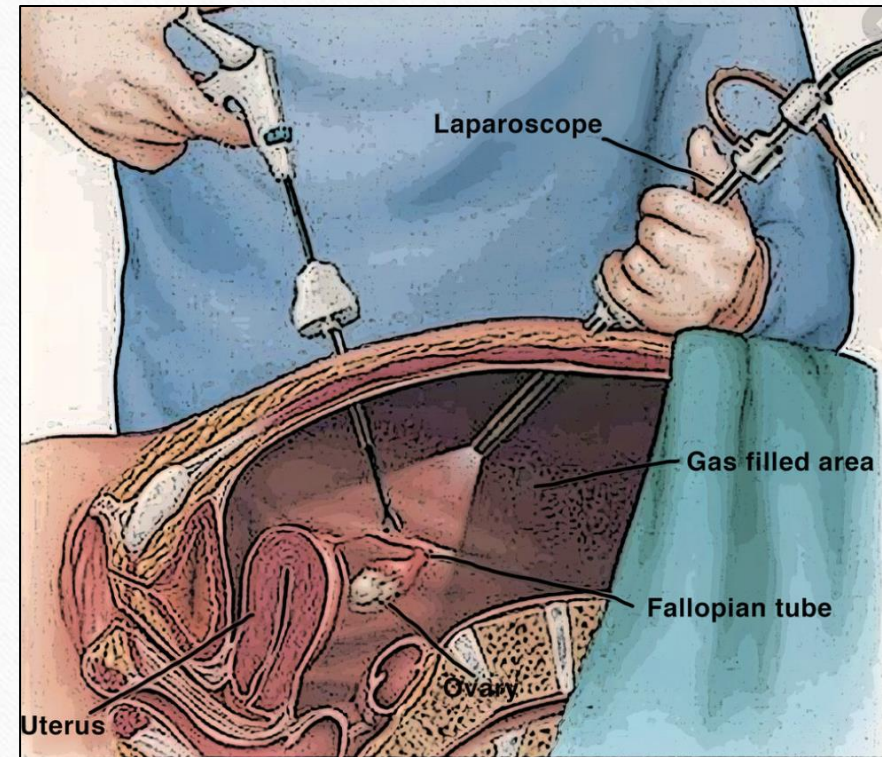
- No symptoms!
- lower abdominal pain or pelvic pain
- painful periods, or a change in the pattern of your periods
- pain during sex
- pain related to your bowels
- a feeling that you want to pass urine urgently and more frequently
- a change in appetite or feeling full quickly
- a distended (swollen) abdomen
- difficulty in becoming pregnant which may be linked to endometriosis

What to expect when I visit my gynecologist?

- Questions:- general health, periods, pain in your lower abdomen, contraception family history of ovarian or breast cancer.
- Examination:- abdomen, internal (vaginal) examination.
- Tests:- Ultrasound scan to look at your ovaries.
- Further tests based on type of cyst

What type of surgery will I be offered ?

- You will usually be offered laparoscopic (keyhole) surgery, which is less painful afterwards than a laparotomy (open surgery)
- You can leave hospital earlier and will recover more quickly.
- A laparotomy (open operation) : if very large or suspicion of cancer.
- Removing fluid from a simple cyst (aspiration) is of little benefit as the cyst is likely to fill up again, although it may be done to help to determine what type of cyst it is.



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Will my ovaries be removed if I have an operation?

- Your ovaries are unlikely to be removed. The ovaries produce important hormones before the menopause and therefore in most cases only the cyst is removed.
- There are some circumstances where the ovary may need to be removed, for example if the cyst is very large or has completely replaced the entire ovary. The ovary may also need to be removed if the cyst has twisted so much that the ovary's blood supply has been cut off, or, rarely, if there is a suspicion that the cyst may be cancerous.
- Your gynaecologist should discuss the pros and cons of removing ovaries before surgery.

What if I am pregnant and my ultrasound scan has shown that I have a cyst?

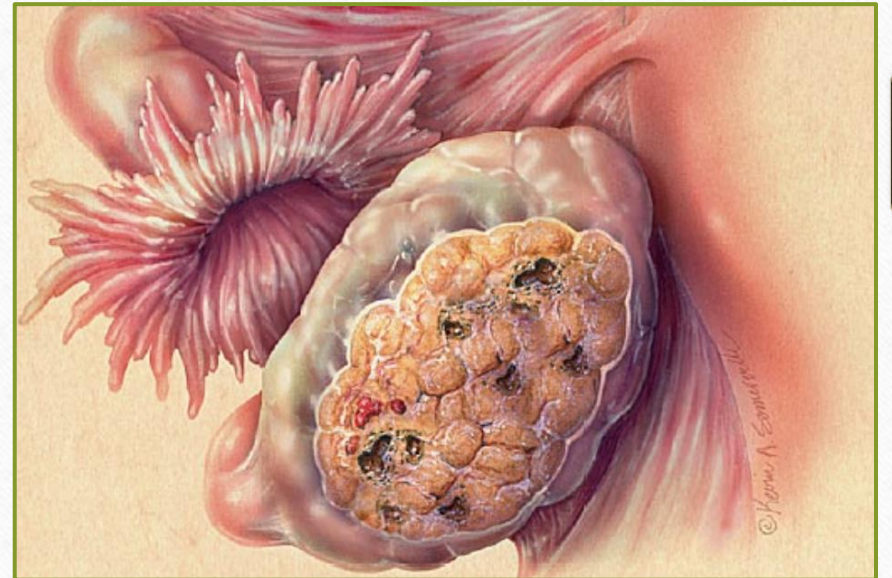
- Simple ovarian cysts are often found on the ultrasound scan during pregnancy and most will disappear as pregnancy progresses.
- If the cyst is large or complex, you may be offered further scans during pregnancy and a scan after your baby is born.
- An operation to remove the cyst during pregnancy would only be recommended if you have pain thought to be due to the cyst, or, very rarely, if cancer is suspected.

Menopause and ovarian cyst

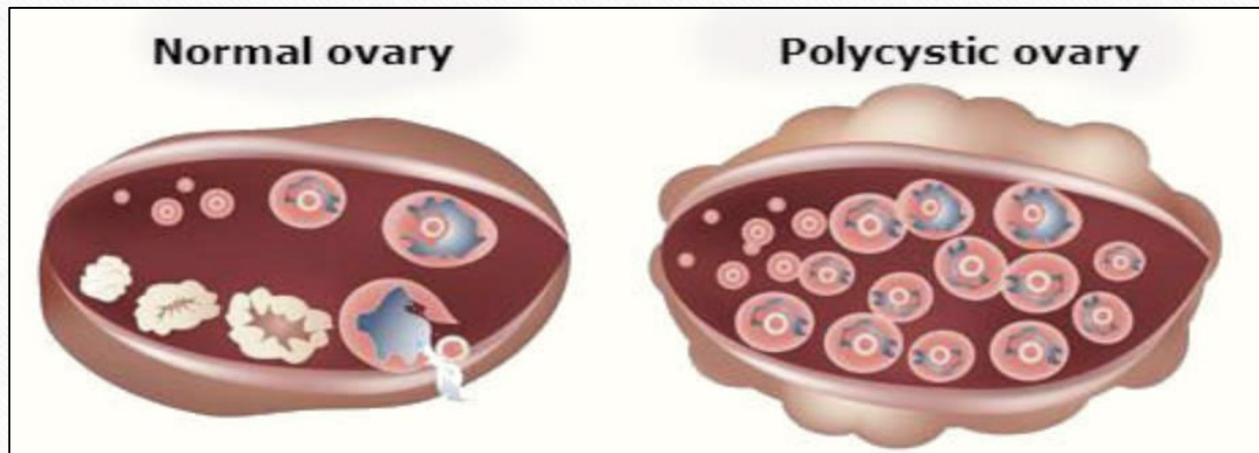
- Ovaries become inactive in menopause
- Little function of ovaries remain . 5-20% of them still develop cysts
- Cancer must be ruled out (blood test CA125, sonography, MRI/CT scan)
- Surgery is the mainstay of treatment

What does ovary cancer treatment entail?

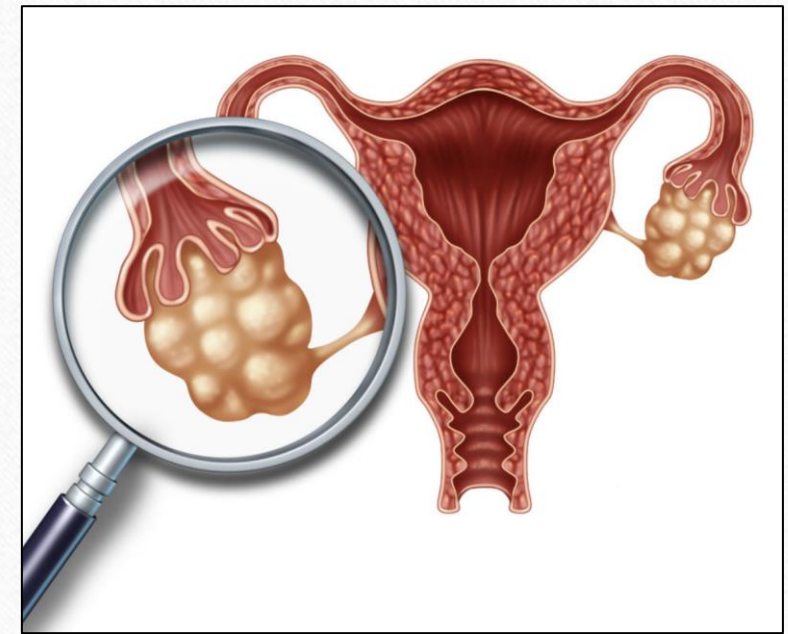
- Depends on the stage of disease
- Surgery +/- chemotherapy
- Surgery includes removal of uterus , tubes, ovaries and small pieces of omentum, peritoneal lining



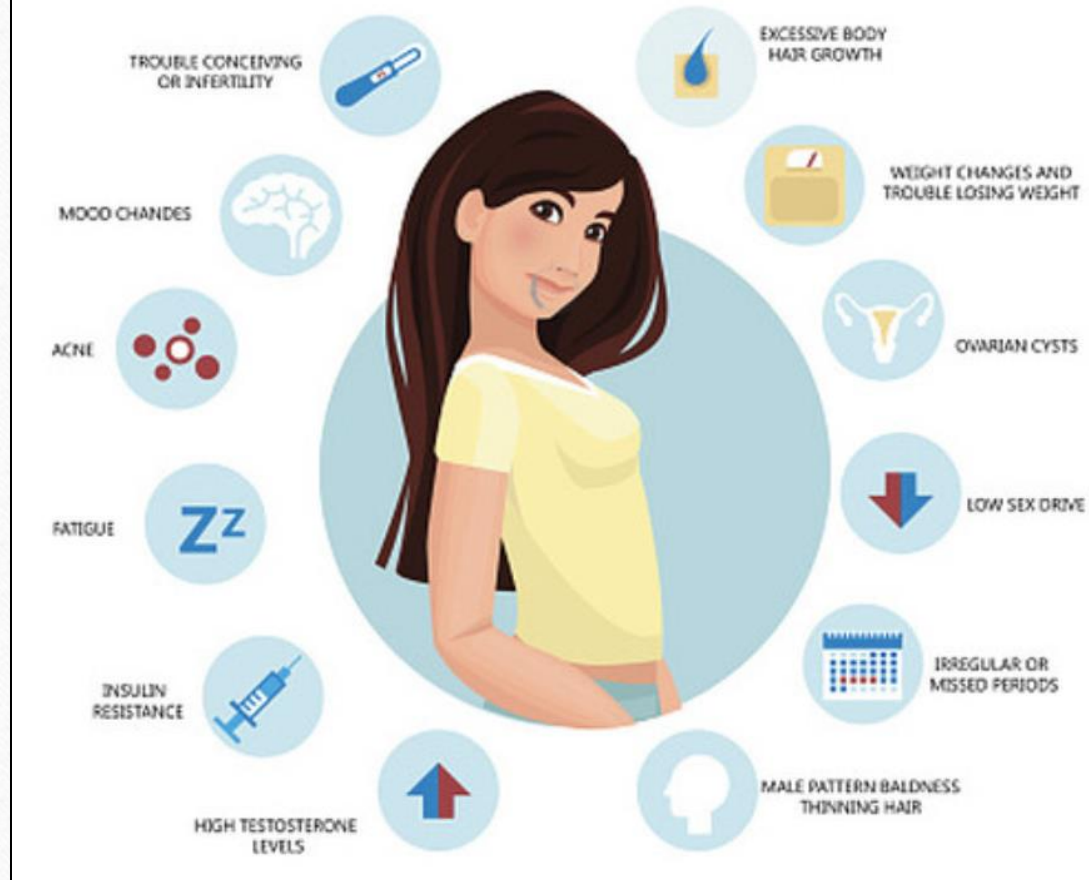
Is PCOS same as ovarian cyst?
NO!



Polycystic ovarian disease (PCOD)
or syndrome (PCOS)



PCOS SYMPTOMS



Polycystic ovary syndrome

- Dietary changes
- Lifestyle changes
- Hormonal therapy

Thank you!



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“ Fibroids in uterus ”

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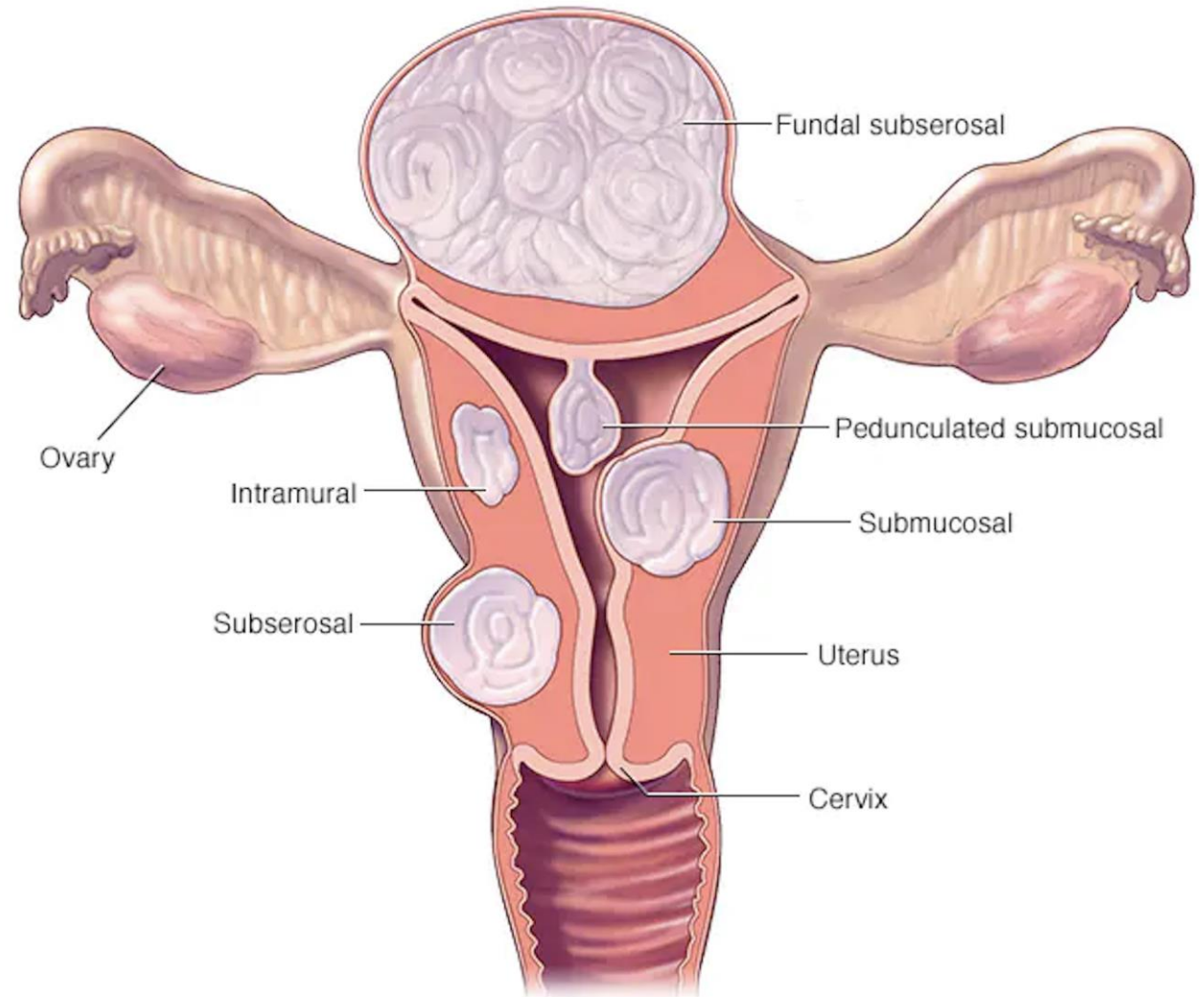
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What are fibroids?

- A fibroid is a non-cancerous (benign) growth of the womb (uterus). They are also called uterine myomas, fibromyomas or leiomyomas. Their size can vary. Some are the same size as a pea and some can be as big as a melon.



About fibroids

Fibroids are common.

Probably at least 1 in 2 women develop one or more fibroids in their lifetime, and probably more.

They usually develop in women aged 30-50 and can sometimes run in families. It is common to have several fibroids of various sizes, although some women just have one.

Fibroids are also more common in women who weigh over 70 kg (11 stones). This is thought to be due to the higher levels of oestrogen hormone that occur in obese and overweight women.

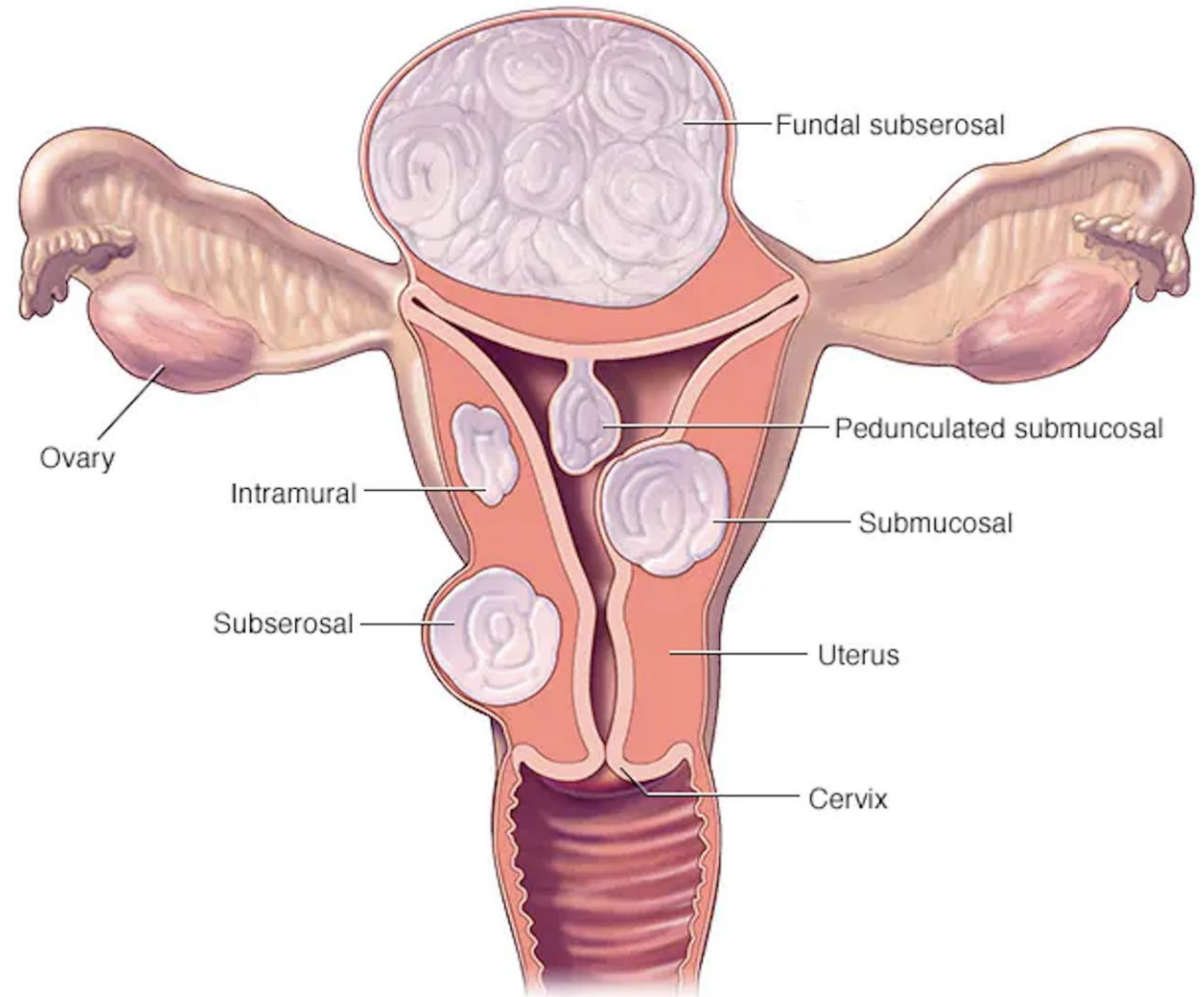
Some women may have a single fibroid, some may have multiple

Are fibroids cancer? No

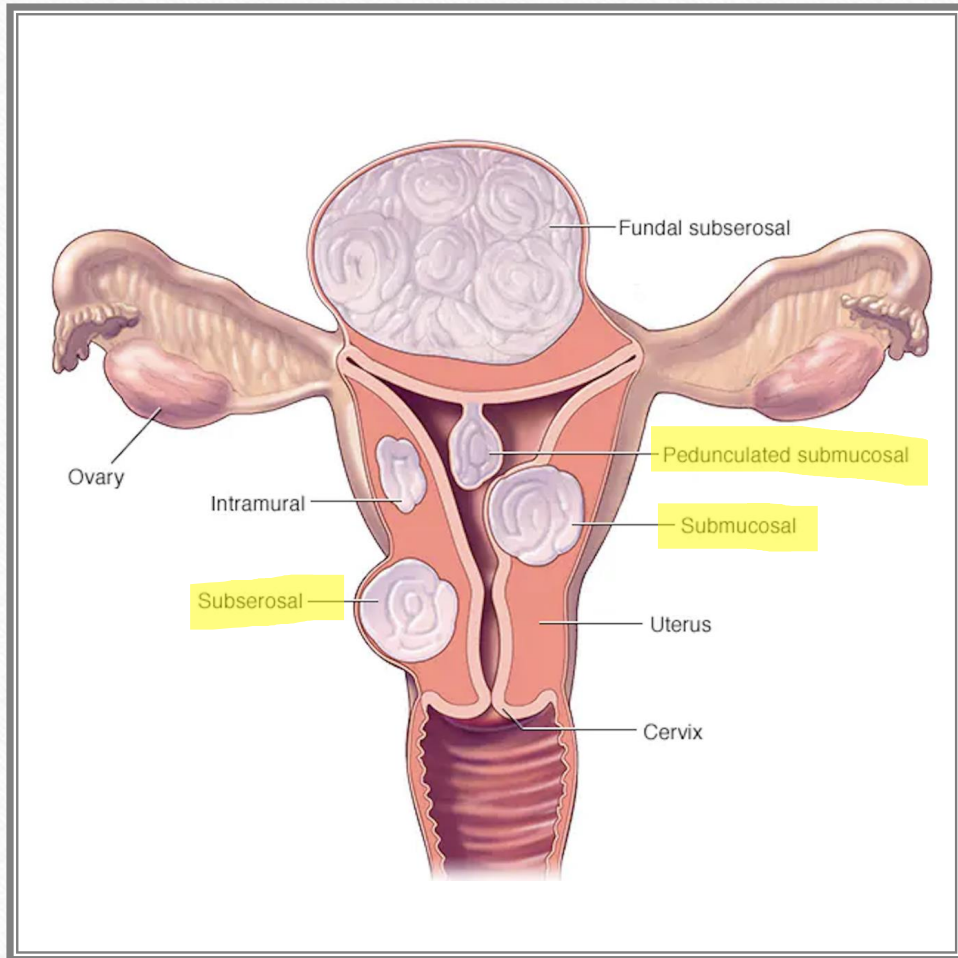
They grow under the influence of hormones – estrogen and progesterone , hence shrink in menopause.

Symptom and Location

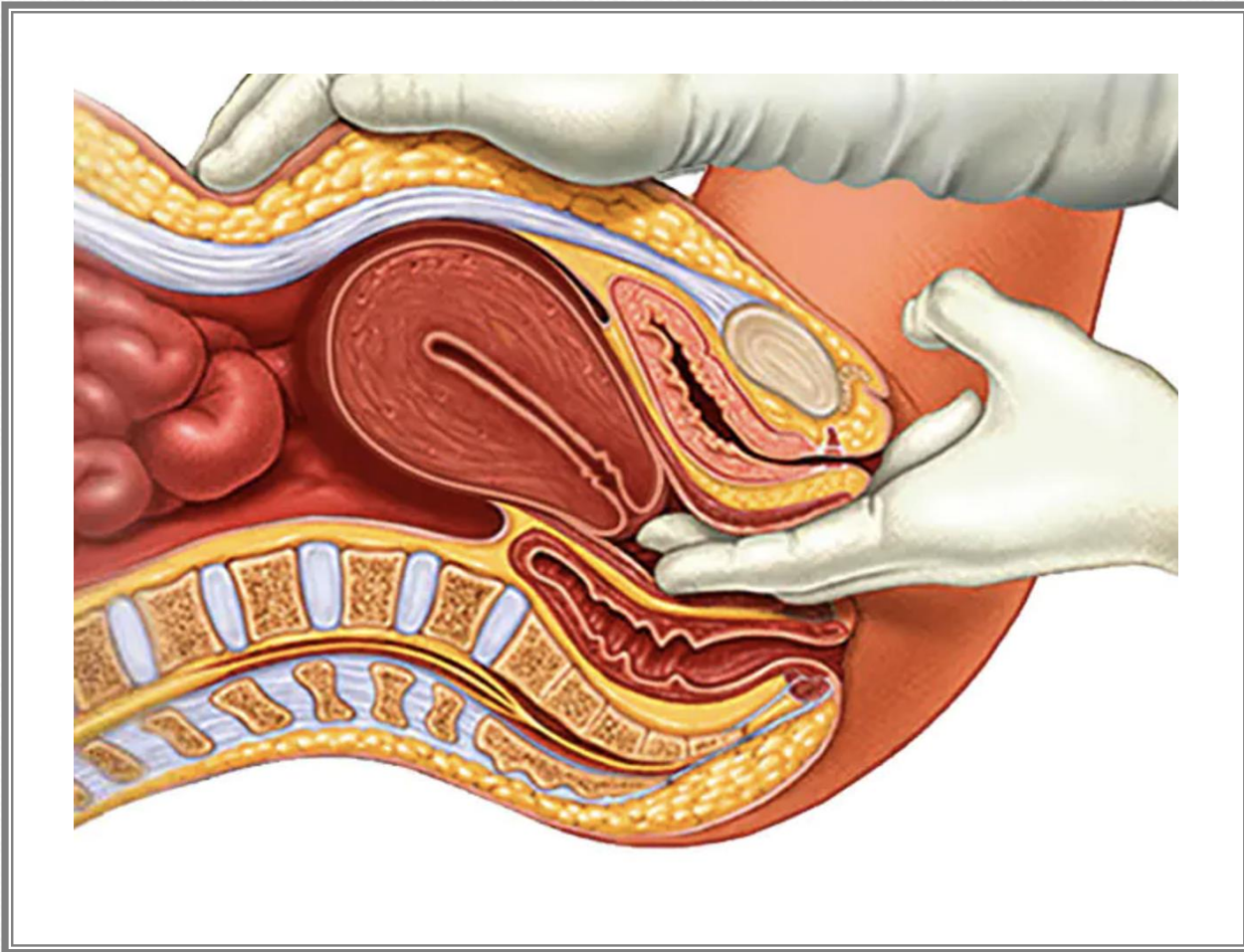
- Heavy menstrual bleeding
- Menstrual periods lasting more than a week, spotting
- Pelvic pressure or pain
- Frequent urination
- Difficulty emptying the bladder
- Constipation
- Backache or leg pains
- Sudden acute pain



Pregnancy and fibroids



- Can fibroids cause miscarriages or infertility?
- Can they cause problems during pregnancy?
- Occasionally, you may have pain or discomfort from your fibroid. This may be caused by the fibroid growing too large for its blood supply or twisting, if the fibroid has a stalk (also called pedunculated).
- Increase in risk of caesarean section- about the baby's head



What to expect when you visit your gynecologist?

- Examination: Some fibroids can be felt during an internal (vaginal) examination by a doctor.
- Ultrasound scan: is done to confirm the diagnosis and to rule out other causes of any symptoms.
- Blood test: Haemoglobin, thyroid
- Special tests : SSG, Hysteroscopy.

Treatments options



Observation



Medical



Surgical

Observation

- Two factors : Size and symptoms
- After the menopause, fibroids often shrink and symptoms tend to go or ease.
- 6 monthly or annual ultrasound for follow up

Medical

To treat symptoms of fibroids

- Heavy periods :- tranexamic acid (Pause/ Traptic) for the duration of each period. It works by reducing the breakdown of blood clots in the womb (uterus).
- To ease period pain:- mefenamic acid (Meftal spas) is taken 3-4 times a day
- For lighter periods and lesser pain:- oral contraceptive pills (21-24 days).
- Medically reducing the lining inside the uterus :- Mirena (LNG-IUS) is a plastic device that sits inside the womb, originally used as a contraceptive. It is inserted into the womb and slowly releases a regular small amount of progestogen hormone called levonorgestrel. It works by making the lining of the womb very thin, so bleeding is lighter. However, it can sometimes be difficult to insert into the womb in women with fibroids.

Medical

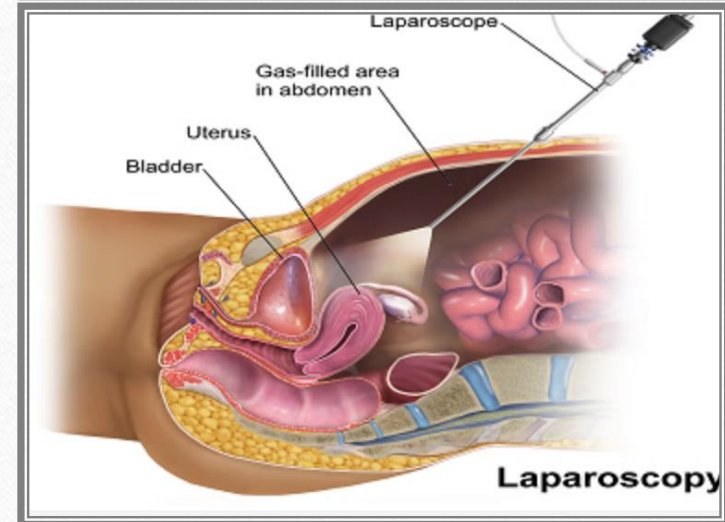
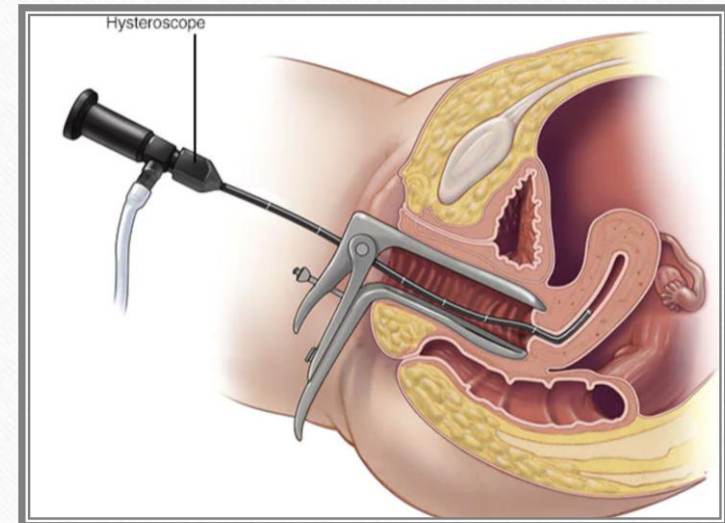
To reduce size/shrink fibroids

- Gonadotrophin-releasing hormone (GnRH) analogue : (Leupride) This is a hormone medicine that causes you to have a very low level of oestrogen in your body. Fibroids shrink if the level of oestrogen falls. However, a low oestrogen level can cause symptoms like going through the menopause (hot flushes, etc). It may also increase the risk of 'thinning' of the bones (osteoporosis) Therefore, this treatment is given for a maximum of six months. They are also used sometimes to reduce the size of fibroids before surgery.
- Ulipristal acetate (UPA) works by blocking the effects of the hormone progesterone. Progesterone is thought to play a role in fibroid development, so (by blocking progesterone) this medicine shrinks fibroids 30-40%. Recent scare about effects on liver.

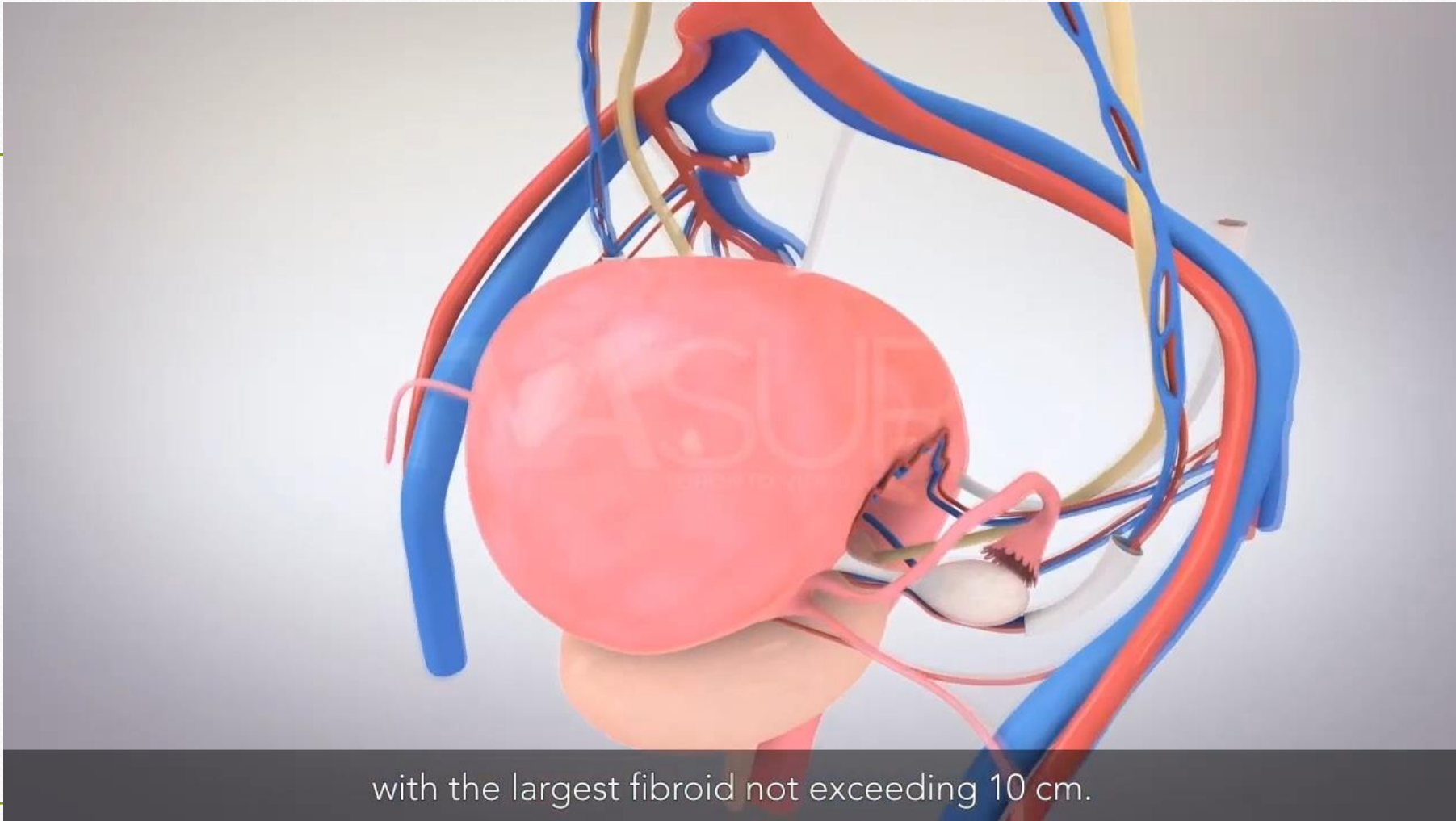
Surgical

- Hysterectomy- removal of the uterus
 - Family complete, high recurrence

- Myomectomy – removal of the fibroid
 - Laparoscopy, hysteroscopy

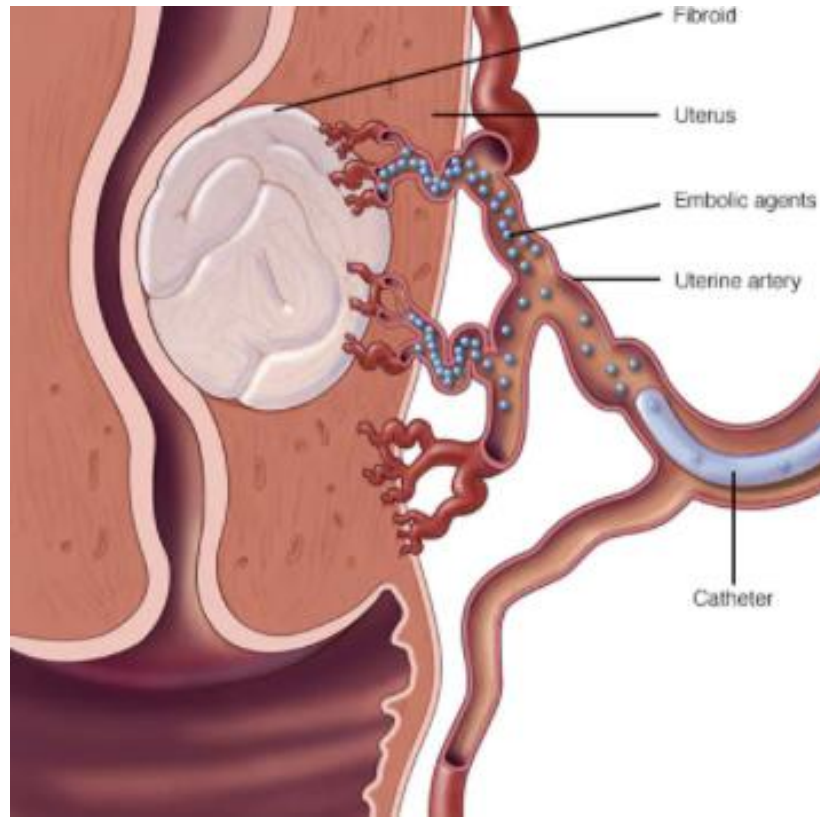


Laparoscopic removal of fibroid



with the largest fibroid not exceeding 10 cm.

Surgical (uncommon)



- **Uterine artery embolisation:** a substance that blocks the artery of the fibroid is injected through the catheter. As the artery supplying the fibroid becomes blocked it means the fibroid loses its blood supply and so the fibroid shrinks. The complete process of fibroid shrinkage takes about 6-9 months but most women notice a marked improvement in their symptoms within three months. There is a good chance of success with this procedure but nearly one in three women will need further treatment.
- **Myolysis:** this means shrinking the fibroids in some way surgically using MRI, USG laparoscopic guidance

Laparoscopy surgery for fibroid removal

What to expect?

- Pre- operative preparation
- Surgery
- Post operative recovery

- Chance for recurrence? Fibroid growth 1-2 cm/ year

Questions Thank You!

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