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Ovarian Cysts



The *ovaries* are two small organs located on either side of a woman's uterus. An ovarian cyst is a sac or pouch filled with fluid or other tissue that forms on the ovary. It is normal for a small cyst to develop on the ovaries. In most cases, cysts are harmless and go away on their own. In other cases, they may cause problems and need treatment.

This pamphlet explains

- types of ovarian cysts
- symptoms
- diagnosis and treatment

Types of Cysts

Ovarian cysts are quite common in women during their childbearing years. A woman can develop one cyst or many cysts. Ovarian cysts can vary in size.

There are different types of ovarian cysts. Most cysts are **benign** (not cancerous). Rarely, a few cysts may turn out to be **malignant** (cancerous). For this reason, all cysts should be checked by your health care provider.

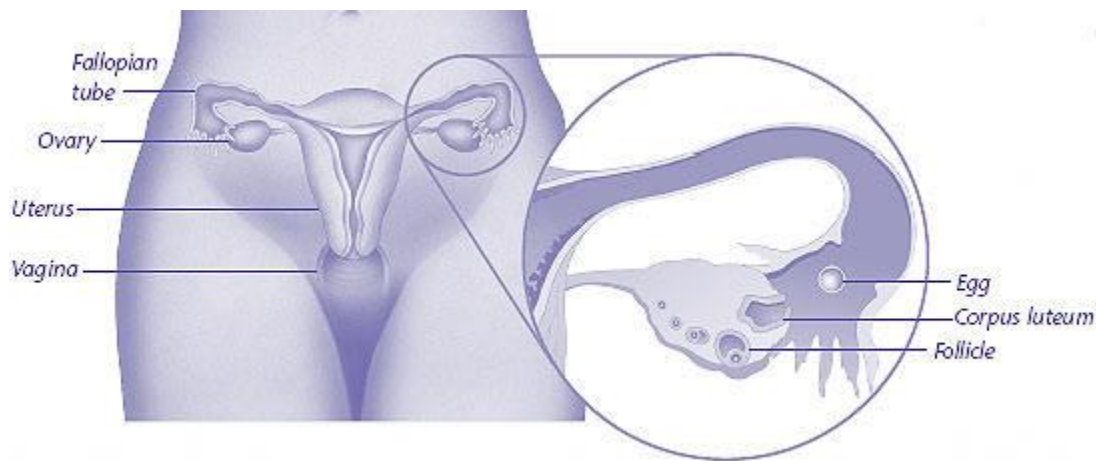
Functional Cysts

The most common type of ovarian cyst is called a **functional cyst** because it forms as a result of **ovulation**, a normal function. Each month, an egg, encased in a sac called a **follicle**, grows inside the ovary. The egg is released from the ovary at the middle of the menstrual cycle (see [figure](#)).

There are two types of functional cysts:

1. Follicle cysts form when the follicle does not open to release the egg.
2. **Corpus luteum** cysts form when the follicle that held the egg seals off after the egg is released.

Both types of cysts usually cause no symptoms or only mild ones. They go away in 6–8 weeks.



The ovaries are located on either side of the uterus. Each month, an egg is released from one of the ovaries into one of the fallopian tubes. This process is called ovulation.

Dermoid Cysts

Dermoid cysts form from a type of cell capable of developing into different kinds of tissue, such as skin, hair, fat, and teeth. Dermoid cysts may be present from birth but

grow during a woman's reproductive years. These cysts may be found on one or both ovaries. Dermoid cysts often are small and may not cause symptoms. If they become large, they may cause pain.

Cystadenomas

Cystadenomas are cysts that develop from cells on the outer surface of the ovary. Sometimes they are filled with a watery fluid or a thick, sticky gel. They usually are benign, but they can grow very large and cause pain.

Endometriomas

Endometriomas are ovarian cysts that form as a result of ***endometriosis***. In this condition, endometrial tissue—tissue that usually lines the uterus—grows in areas outside of the uterus, such as the ovaries. This tissue responds to monthly changes in ***hormones***. Eventually, an endometrioma may form as the endometrial tissue continues to bleed with each menstrual cycle. These cysts are sometimes called “chocolate cysts” because they are filled with dark, reddish-brown blood.

Symptoms

Most ovarian cysts are small and do not cause symptoms. Some cysts may cause a dull or sharp ache in the abdomen and pain during certain activities. Larger cysts may cause torsion (twisting) of the ovary that causes pain. Cysts that bleed or rupture (burst) may lead to serious problems requiring prompt treatment.

In rare cases, a cyst may be cancerous. In its early stages, ovarian cancer often has no symptoms, so you should be aware of its warning signs (see [box](#)). Be sure to see your doctor if you have any of these signs. Ovarian cancer is very rare in young women, but the risk increases as a woman ages.

Diagnosis

An ovarian cyst may be found during a routine ***pelvic exam***. If your health care provider finds an enlarged ovary, tests may be recommended to provide more information:

- Vaginal ***ultrasound***—This procedure uses sound waves to create pictures of the internal organs that can be viewed on a screen. For this test, a slender instrument called a transducer is placed in the vagina. The views created by the sound waves show the shape, size, location, and makeup of the cyst.
- ***Laparoscopy***—In this type of surgery, a laparoscope—a thin tube with a camera—is inserted into the abdomen to view the pelvic organs. Laparoscopy also can be used to treat cysts.
- Blood tests—If you are past ***menopause***, in addition to an ultrasound exam, you may be given a test that measures the amount of a substance called ***CA 125*** in your blood. An increased CA 125 level may be a sign of ovarian cancer in women

past menopause. In premenopausal women, an increased CA 125 level can be caused by many other conditions besides cancer. Therefore, this test is not a good indicator of ovarian cancer in premenopausal women.

Warning Signs of Cancer of the Ovary

- Bloating
- Pelvic or abdominal pain
- Back pain
- Enlargement or swelling of the abdomen
- Inability to eat normally
- Unexplained weight loss
- Urinary frequency or incontinence
- Constipation
- Feeling tired
- Indigestion

If your health care provider thinks that your cyst may be cancer, more tests may be ordered. It may be recommended that you see a doctor who specializes in gynecologic cancer.

Treatment

Several treatment options are available. Choosing an option depends on many factors, including the type of cyst, whether you have symptoms, your family history, how large the cyst is, and your age.

“Watchful” Waiting

If your cyst is not causing any symptoms, your health care provider may simply monitor it for 1–2 months and check to see whether it has changed in size. Most functional cysts go away on their own after one or two menstrual cycles.

Even if you are past menopause and have concerns about cancer, your health care provider may recommend regular ultrasound exams to monitor your condition. If the appearance of your cyst changes or if it gets bigger, treatment may be needed.

Birth Control Pills

If you keep having functional cysts, birth control pills may be prescribed to prevent you from ovulating. You are much less likely to form new cysts if you do not ovulate.

This treatment will not make cysts you already have go away. But it will prevent new functional cysts from forming.

Surgery

If your cyst is large or causing symptoms, your health care provider may suggest surgery. The extent and type of surgery that is needed depends on several factors:

- Size and type of cyst
- Your age
- Your symptoms
- Your desire to have children

Sometimes, a cyst can be removed without having to remove the ovary. This surgery is called ***cystectomy***. In other cases, one or both of the ovaries may have to be removed. Your doctor may not know which procedure is needed until after the surgery begins.

Finally...

Ovarian cysts are common in women during their childbearing years. Although most cysts are harmless and go away on their own, your health care provider will want to keep track of any cyst to be sure that it does not grow and cause problems. If you have concerns about your diagnosis or treatment, share these concerns with your health care provider.

Glossary

Benign: Not cancer.

CA 125: A substance in the blood that may increase in the presence of some cancerous tumors.

Corpus Luteum: The remains of the egg follicle after ovulation.

Cystectomy: Surgical removal of a cyst.

Endometriosis: A condition in which tissue similar to that normally lining the uterus is found outside of the uterus, usually in the ovaries, fallopian tubes, and other pelvic structures.

Follicle: The sac-like structure that forms inside an ovary when an egg is produced.

Functional Cyst: A benign cyst that forms on an ovary and usually resolves on its own without treatment.

Hormones: Substances produced by the body to control the functions of various organs.

Incontinence: Inability to control bodily functions such as urination.

Laparoscopy: A surgical procedure in which a slender, light-transmitting instrument, the laparoscope, is used to view the pelvic organs or perform surgery.

Malignant: A term used to describe cells or tumors that are able to invade tissue and spread to other parts of the body.

Menopause: The process in a woman's life when ovaries stop functioning and menstruation stops.

Ovaries: Two glands, located on either side of the uterus, that contain the eggs released at ovulation and that produce hormones.

Ovulation: The release of an egg from one of the ovaries.

Pelvic Exam: A manual examination of a woman's reproductive organs.

Ultrasound: A test in which sound waves are used to examine internal structures. During pregnancy, it can be used to examine the fetus.

This Patient Education Pamphlet was developed by the American College of Obstetricians and Gynecologists. Designed as an aid to patients, it sets forth current information and opinions on subjects related to women's health. The average readability level of the series, based on the Fry formula, is grade 6–8. The Suitability Assessment of Materials (SAM) instrument rates the pamphlets as “superior.” To ensure the information is current and accurate, the pamphlets are reviewed every 18 months. The information in this pamphlet does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.

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