

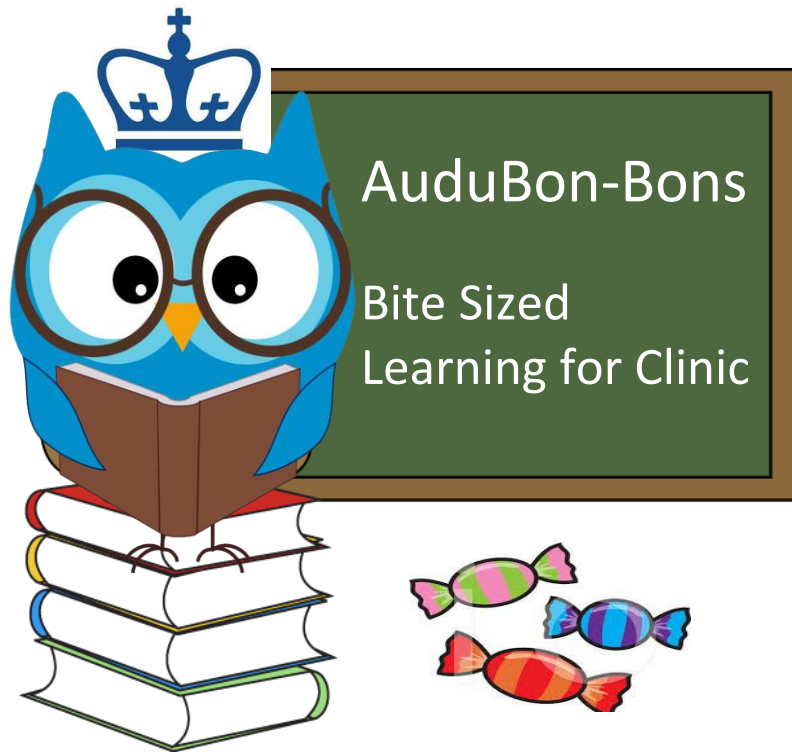
WORD CATHETER PLACEMENT for BARTHOLIN CYST

Week 21

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Reading Assignment:

UpToDate.com: Bartholin gland masses: Diagnosis and management



LEARNING OBJECTIVES



- To identify the signs and symptoms of Bartholin cysts in order to establish the correct diagnosis
- To determine the management options
- To review technical issues regarding the insertion of a Word catheter for surgical management of a Bartholin cyst



CASE VIGNETTE

- A 24 year old G1P00 presents to 21 Audubon as a walk-in due to a two week history of feeling a “big bump on the left of her vagina”
- She states that the bump is not painful but it has made intercourse uncomfortable and she is self-conscious of it.
- Patient denies any discharge or bleeding.



FOCUSED HISTORY

- What elements of the patient's history are most important?
 - PMH: mild intermittent asthma
 - PSH: denies
 - POBH: VTOP x 1
 - PGynH: denies history of STIs, fibroids, cysts or abnormal Paps
 - Meds: Albuterol MDI
 - Allergies: NKDA



PERTINENT PHYSICAL EXAM FINDINGS

- Vital signs: HR 80, BP 110/78, T 98.6, RR 12
- Vulva: 2.5cm nontender mass palpable medial to left labia majora in the inferior aspect of the vestibule, no bleeding or drainage noted
- Vagina: no bleeding or discharge noted
- Cervix: multiparous, no visible lesions



MANAGEMENT

- No intervention is necessary for asymptomatic Bartholin cysts
 - Warm compresses
 - Sitz baths
- Antibiotics?
 - Cyst contents are typically sterile
- Biopsy?
 - Recommended for women over the age of 40 with recurrent cysts or abscesses to rule out Bartholin gland adenocarcinoma
- Symptomatic cysts can be managed surgically
 - Incision and drainage
 - Word catheter placement
 - Marsupialization
 - Excision of the gland



INDICATIONS

- For which patients are Word catheters a good choice?
 - Presence of an otherwise uncomplicated Bartholin cyst or abscess
 - Word catheter placement drains cyst contents and creates a fistulous tracts for drainage once the catheter has been removed.



CONTRAINDICATIONS

Relative and Absolute

- Latex allergy



INFORMED CONSENT

- What will you discuss with the patient before signing the consent form?
- Risks/ Benefits/ Alternatives
 - Risks: Bleeding, infection, pain to site, scarring, distorted anatomy
 - Benefits: Safe and effective with immediate improvement in symptoms
 - Alternatives: Conservative management, I&D, marsupialization



PRE-PROCEDURE CONSIDERATIONS

- The MA asks what instruments/ supplies you will need in the room before you begin.
 - Sterile gloves
 - Prep solution i.e. povidone iodine, chloroprep
 - Local anesthetic i.e. Lidocaine 1%
 - Small gauge needle and 3mL syringe for local anesthetic injection
 - Forceps
 - #11 scalpel
 - Culture swabs e.g. GC/CT and wound culture
 - Hemostat
 - Word catheter
 - Medium gauge needle and 3mL syringe to inflate Word catheter
 - Gauze, chux, maternity pads, etc



PROCEDURE

- Describe the steps of the procedure:
 - Conduct a NYP time-out
 - Clean the area overlying the cyst with the prep solution
 - Inject ~3mL of local anesthetic into the overlying tissue where the incision is to be made
 - Grasping the cyst with forceps, make a ~5mm incision at the hymenal ring with the #11 scalpel deep enough to allow for drainage of cyst contents
 - Allow the cyst contents to drain; collect specimen for culture and GC/CT amplification
 - Break up any possible intracystic loculations with the hemostat; unidentified loculations can result in recurrence
 - The Word catheter is then introduced through the incision and inflated with ~3mL of sterile water or saline
 - The end of the Word catheter can be tucked into the vagina to minimize discomfort



FOLLOW UP

- Pelvic rest while the Word catheter is in place
- Return to clinic or emergency department for:
 - Worsening pain, swell, bleeding, discharge, fevers, etc
- Sitz baths BID
- Oral analgesics PRN
- Leave Word catheter in for 4-6 weeks to allow for epithelialization of the tract
- Patient with persistent pain may require slight reduction in fluid volume (0.5-1mL)
- Remove Word catheter when the tract appears to be epithelialized by draining the fluid from the end and applying gentle traction
- If the catheter falls out, reassess for additional management



SOCIAL DETERMINANTS OF HEALTH

Risk for Bartholin abscess is greatest among non-Hispanic white women (OR 1.9) and black women (OR 2.4)

Word catheter placement can be performed in office (30 mins) or ED (average LOS in NYS 3 hrs)



Location of treatment (and time required for treatment) depends on access to office gynecologist versus need to present to ED in setting of no insurance coverage

Bartholin cyst in women over 40 should be biopsied to ensure no underlying malignancy. This requires office follow up so patients without insurance are at higher risk of advanced stage of disease at time of diagnosis.



Epic .Phrase

.BBonWordCatheterPlacement

Description: Word Cather Placement

After Time Out was completed, the site was cleaned with betadine x 3. 3mL of lidocaine was injected into the overlying tissue. A 5mm incision was made with an 11 blade scalpel. Culture was sent. Any loculations were broken up using a hemostat and the cyst cavity was irrigated with sterile saline. The word catheter was introduced through the incision and inflated with 3 ml of sterile water. The patient tolerated the procedure well.



CODING AND BILLING

CPT: 56420 – Incision and drainage of Bartholin’s gland abscess

ICD-10: N75.0 - Cyst of Bartholin's gland



EVIDENCE

- UpToDate.com; Bartholin gland masses: Diagnosis and management <https://www.uptodate.com/contents/bartholin-gland-masses-diagnosis-and-management>
- Aghajanian A, Bernstein L, Grimes DA. Bartholin's duct abscess and cyst: a case-control study. *South Med J*. 1994;87(1):26.

