



Inserting a Word catheter to treat a Bartholin's cyst or abscess

This leaflet explains how inserting an inflatable balloon can be used to treat women with a Bartholin's cyst or abscess. This leaflet is written to support women who have been offered this procedure to decide whether it is the right procedure for them.

What is a Bartholin's abscess?

There is a Bartholin's gland at each side of the entrance to the vagina. These glands produce lubrication that enters the vagina through a small duct (tube) from each gland. If the duct becomes blocked, the gland can fill with mucus and a cyst (a fluid-filled lump) can occur. An abscess can occur if the gland or cyst becomes infected.

Symptoms may include painful swelling of the vulva, fever and pain or discomfort during sex. A small procedure or surgical treatment may be used to drain it, or make a permanent opening to allow the gland to drain freely. Antibiotic treatment may have been used initially, but usually a persistent or growing abscess that is causing you symptoms also needs drainage.

What is a Word catheter insertion?

Insertion of a Word catheter (a tiny inflatable balloon) is a non-surgical procedure that can be performed as an outpatient using a local anaesthetic to numb the area. It involves making an opening in the cyst or abscess through which the gland can drain.

After the local anaesthetic injection, a small cut is made into the cyst or abscess, which allows drainage. A swab sample may be taken to check for infection at this stage. A cotton bud is used to break the pockets of abscess/cyst fluid. A flexible tube (the Word catheter) with a small, specially designed balloon at its tip is then inserted into the cyst or abscess to create a passage. The balloon is inflated with a very small amount of water to keep the catheter in place. Rarely, a stitch may be used to help hold the balloon in place. It is then left in place for up to 4 weeks to allow new skin to form around the passage and for the wound to heal. The tiny balloon is then deflated and removed, allowing the gland to drain through the newly formed passage.

What are the benefits of having this procedure?

The benefits of this procedure are that you do not need to be admitted to hospital, it avoids a general anaesthetic, and is 97% successful. You can take up normal activities again when you are comfortable including exercise. The catheter may cause minor discomfort but should not be painful. Avoid tampons and swimming whilst the catheter is in place.

Are there any risks involved?

- Possible problems include pain if the balloon is too full. This can be relieved by letting out some water in the balloon.
- Occasionally, the doctor will find that the abscess appears unusual or complex and therefore, surgery is needed under general anaesthetic to treat it properly, and a small sample of tissue (biopsy) is taken for investigation.
- The Word catheter can be difficult to insert or cause an abscess, but this is uncommon.
- Bartholin's abscesses can occur again, whatever treatment is used (the long-term recurrence rate is about 1 in 5, or 20%). With this inflatable balloon technique, the studies show a slightly lower rate of up to 17% recurrence over 4 years.

Are there any alternative treatment options?

Antibiotics are occasionally used to treat a very small abscess.

An alternative option would be surgical treatment under a general anaesthetic called a 'marsupialisation'. The procedure again involves making a cut into the cyst / abscess and dissolvable stitches are used to hold the cavity open after the fluid/pus has drained out. The stitches dissolve over 4 weeks and the aim is to help the abscess / cyst heal in such a way that reduces the chance of it forming again. Marsupialisation is needed for complex or unusual abscesses, when a Word catheter has failed or if you do not want a Word catheter.

The disadvantages of this procedure include the risks of a general anaesthetic. You will also require a responsible adult to collect you after surgery and stay with you for 24 hours: this is because a general anaesthetic can affect your memory, concentration and reflexes for up to 1-2 days.

Whilst waiting for your emergency operation, more urgent cases may need to take priority. During this time, the abscess may spontaneously split open and drain: this is not predictable. The surgery is usually cancelled when this happens because it is less successful

Discharge advice

After inserting a balloon catheter, the doctor will make a further appointment to see you again after 4 weeks to deflate and remove the catheter. The cut in the skin heals over the next 5-7 days. If the catheter is painful in the meantime, then you should call the department to return so you can be examined and removal of a small amount of the water in the balloon can provide relief.

Occasionally, the catheter falls out before 4 weeks. If this occurs in the first 5 days, sometimes the doctor will try to reinsert it. If it is more than 5 days, then you may be advised to see what happens to the abscess: another catheter is only inserted if the abscess builds up again.

Usually the organisms (bugs) that cause an infection in a Bartholin's abscess are simply an overgrowth of the bacteria that are normally present in the vagina. However, very occasionally, a sexually transmitted infection is found. Therefore, we suggest that anyone who has had a Bartholin's abscess is encouraged to have a sexual health screen once the abscess has resolved at a sexual health clinic. Our nearest sexual health clinic is the Florey Unit on Craven Road, opposite the maternity Block of the Royal Berkshire Hospital. These clinics are able to

contact sexual partners anonymously to advise treatment if your swabs confirm a sexually transmitted disease.

If you have any concerns or further advice:

If you have any questions or concerns, please call the Emergency gynaecology Clinic where staff will be happy to help you on 0118 322 7181 or 0118 3228204 which is the ward number and available 24/7.

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

RBFT Lead Nurse Gynaecology, August 2026

Next review due: August 2028