

# Body & Mind

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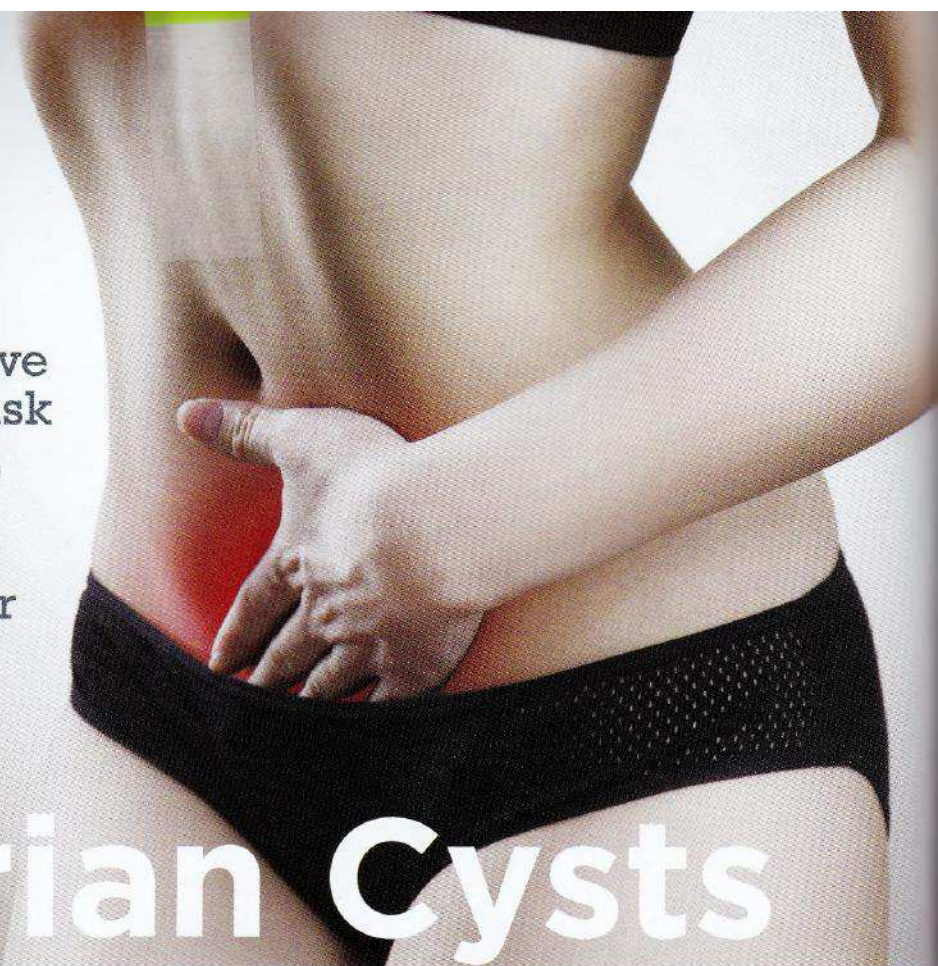
## YOUR SINGAPORE GUIDE TO:

- Medical Advice
- Keeping Fit
- Feeling Beautiful
- Staying Healthy
- Nutrition Tips
- Dental Care

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“Oral contraceptive pills reduce the risk of ovarian cancer, an effect that persists for more than 30 years after stopping them.”

# Ovarian Cysts

Obstetrician and gynaecologist **DR CHRISTOPHER NG** says that ovarian cysts may occur in women of all ages, and at any point in their lives. Most are harmless, asymptomatic and resolve on their own, but see a gynaecologist immediately if you start experiencing the painful symptoms listed here.

## What are some common symptoms?

They may include:

- Fullness or abdominal distension
- Pelvic pain shortly before your period begins, or just before it ends
- Constant or intermittent pelvic pain, unrelated to menses, that may radiate to the back
- Deep pain during intercourse
- Discomfort or pressure during bowel movements
- Irregular or heavy menses
- A desire to urinate more frequently, resulting from bladder compression

## How do benign cysts form?

Most benign cysts are functional cysts, in that they appear and disappear at various times during the menstrual cycle. A **follicular cyst** develops when the follicle does not rupture and release the egg, but instead grows to form a cyst. A **corpus luteum** cyst develops when the egg is released followed by bleeding into the follicle. These functional cysts are harmless, asymptomatic and spontaneously resolve within two to three cycles.

Other benign cysts (unrelated to the menstrual cycle) include **endometriotic cysts**, **dermoid cysts** and **cystadenomas**. The



first two tend to occur in younger women, and are rarely cancerous, while cystadenomas do sometimes become cancerous with time and age. An endometriotic cyst may enlarge and rupture, causing acute pelvic pain; dermoid cysts and cystadenomas can become large, causing a painful twisting of the ovary called ovarian torsion.

### Who is most prone to cancerous ovarian cysts?

Usually older women, most often after menopause, though they can occur at any age. Risk factors for cancerous cysts include an inherited gene mutation, a positive family history, never having been pregnant before, and a previous history of cancer of the breast or colon.

### What are the available treatments for ovarian cysts?

Treatment depends on the age of the patient, the size and nature of the cyst and the severity of the symptoms. **Conservative management** with repeat ultrasound scans is appropriate if the cyst is small, asymptomatic, appears benign on ultrasound scan and the ovarian cancer markers are not significantly raised.

**Oral painkillers** can be used to reduce pain. Hormonal treatment in the form of the **oral contraceptive pill (OCP)** prevents ovulation and,

therefore, the development of new functional cysts – but it won't make any existing cysts go away. OCPs reduce the risk of ovarian cancer, an effect that persists for more than 30 years after stopping them.

**Surgery** is recommended if the symptoms are severe or getting worse, if the cyst is large, and if there is a suspicion of it being cancerous. The cyst can be removed via a **cystectomy**, without removing the ovary, if the cyst is benign and fertility is to be preserved. If the cyst is cancerous, or the woman is menopausal, an oophorectomy can be done to remove both cyst and ovary.

**Keyhole surgery** (laparoscopy) means faster recovery, less discomfort and much less scarring. **Open surgery** (laparotomy) is recommended if the cyst is cancerous or is too big or too adherent to be safely removed laparoscopically.

### How do ovarian cysts affect fertility?

Functional cysts do not affect fertility. Ovarian cysts will usually affect fertility if they are part of polycystic ovary syndrome, where many cysts develop around the periphery of the ovary. This condition is associated with an inability to ovulate and irregular menses.

Endometriotic cysts can damage ovarian and tubal function. Surgical complications during a cystectomy may also damage the ovary, increasing the risk of infertility in the future. Oophorectomy will reduce the chances of conception.

### Can cysts recur after surgery?

There is that possibility: either in the same ovary or a new one in the previously unaffected ovary. That's why patients should see their gynaecologists routinely for check-ups and ultrasound scans, or if they develop changes in their menstrual cycle, or develop pelvic pain or abdominal distension. *EL*

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