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Ovarian Cysts

The ovaries are two small organs, one on each side of a woman's uterus. It is normal for a small cyst (a fluid-filled sac or pouch) to develop on the ovaries. In most cases, these cysts are harmless and go away on their own. In other cases, cysts may cause problems and may need treatment. This pamphlet will explain:

- Types of cysts
- Symptoms of ovarian cysts
- How ovarian cysts are treated

Your Monthly Cycle

One of a woman's ovaries produces an egg every month during her menstrual cycle. An egg, encased in a sac called a **follicle**, grows inside the ovary. On about day 5 of the menstrual cycle, the **hormone** estrogen signals the **endometrial** to grow and thicken to prepare for a possible pregnancy. About day 14, the egg is released from the ovary. This is called ovulation.

Around the time of ovulation, a woman can get pregnant. The egg moves into one of the two **fallopian tubes** connected to the uterus where it can be fertilized by a man's sperm. After ovulation, the empty follicle becomes the corpus luteum, which remains until the next period. The **corpus luteum** makes hormones that prepare the endometrium for the arrival of the egg.

Types of Ovarian 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 many different types of ovarian cysts. Most cysts are benign (not cancerous). A few cysts may turn out to be malignant (cancerous). For this reason, all cysts should be checked by your doctor.

Functional Cysts

The most common type of ovarian cyst is called a **functional cyst**. It develops from tissue that changes in the normal process of ovulation. There are two types of functional cysts—follicle and corpus luteum. Both of these cysts usually have no symptoms or minor ones when they occur. They disappear within 6–8 weeks.

Dermoid Cysts

Dermoid cysts are made up of different kinds of tissue from other parts of the body, such as skin, hair, fat, and teeth. They may be found on both ovaries. Dermoid cysts often are small and may not cause symptoms unless they become large.

Cyst adenomas

Cystadenomas are cysts that develop from cells on the outer surface of the ovary. They usually are benign, but they can grow very large and cause pain.

- Enlargement or swelling of the abdomen
- Nausea or heartburn that does not go away
- Loss of appetite
- Pelvic pain
- Constipation
- Bloating
- Urinary frequency

Endometriomas are cysts that form when endometrial tissue grows in the ovaries. This tissue then responds to monthly changes in hormones. The tissue bleeds monthly, which may cause it to form a cyst that slowly grows on the ovary. An endometrioma also is known as a "chocolate cyst" because it is filled with dark, reddish-brown blood.

An endometrioma often is linked to a condition known as **endometriosis**. It can be painful, especially during a woman's menstrual period or during sexual intercourse.

Symptoms

Most ovarian cysts are small, do not cause symptoms, and go away on their own. Some may cause symptoms because of twisting, bleeding, and rupture. They may cause a dull or sharp ache in the abdomen and pain during sexual intercourse.

Some cysts may be cancerous. Although very rare in young women, the risk of ovarian cancer increases with age. Ovarian cancer often has no symptoms in its early stages, so you should be aware of its warning signs (see [box](#) above).

Diagnosis

An ovarian cyst often is found during a routine **pelvic exam**. When your doctor detects an enlarged ovary, he or she may do other tests. Some of these tests provide further information that is helpful in planning treatment.

- *Ultrasound*: A procedure that uses sound waves to create pictures of the internal organs that can be viewed on a screen.
- *Laparoscopy*: A surgical procedure that allows a doctor to look directly inside the body. The lap-roscope—a thin light-transmitting device—is inserted into the abdomen to view the pelvic organs. Laparoscopy also can be used to treat your cyst.
- *Blood tests*: Tests to measure substances in the blood and help confirm the diagnosis.

Treatment

If your cyst is not causing any symptoms, your doctor may simply monitor it for 1–2 months. Most functional cysts go away on their own after one or two menstrual cycles.

If your cyst is large or causing symptoms, your doctor may suggest surgery. The extent and type of surgery that is needed will depend 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 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 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 doctor will want to keep track of any cyst to be sure that it does not grow and cause problems.

If you have ovarian cysts, you probably have some concerns. Share your concerns with your doctor. You can work together to reduce your risk of further problems.

Glossary

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.

Endometrium: The lining of the uterus.

Fallopian Tubes: Tubes through which an egg travels from the ovary to the uterus.

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.

Hormone: A substance produced by the body to control the functions of various organs.

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