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## Bartholin cyst patient information pdf

The Bartholin's gland is a small organ on each of the labia (vaginal lips), near the opening of the vagina. If the vagina was the face of a clock, these glands would be found at about 4 and 8 o'clock. Normally they're invisible. They make a small amount of fluid that lubricates the vaginal lips. As a flap of skin grows over the opening of one of the glands, the fluid backs up. It causes a round swelling called a cyst. The cyst can grow from the size of a penny to larger than an orange. Most of them don't get bigger than a golf ball. Cysts can be tender. You notice a round bulge on one of your vaginal lips, near the opening of the vagina. It can be painless or slightly tender. It can remain the same size or grow slowly. Cysts that become infected are usually very tender. They usually appear quickly. In more severe cases, walking or sexual intercourse can be painful. Bartholin's glandular cysts are usually not infected. However, they may be. Your doctor may want to check the fluid in the cyst. Most infected cysts (called abscesses) contain the normal bacteria (germs) found on your skin. Some infected cysts are caused by bacteria that are sexually transmitted. If the glandular cyst of your Bartholin is small, you may not notice. Once it grows large or becomes infected, you will start to notice symptoms. Your doctor will be able to diagnose the cyst by looking at it. There is no way to prevent a Bartholin's gland cyst from forming. If you think you have one, tell your doctor right away. This way you will get an early and effective treatment. Treatment depends on the size of the cyst, how painful it is, if it is infected, and your age. You often treat small cysts by soaking in a few inches of warm water (called a sitz bath) several times a day for 3 or 4 days. This can cause the cyst to rupture and drain with little pain or discomfort. In rare cases, the doctor can perform a small procedure at the office. During this procedure, the doctor makes an incision and inserts a small tube (called a catheter) into the cyst. The catheter stays in place for 4 to 6 weeks and drains the fluid. While the catheter is inside, you continue normal activity. However, ask your doctor if it is safe to have sexual activity during this time. At the end of treatment, your doctor easily removes the catheter in his or her office. Another procedure available in the doctor's office is when he or she makes a small cut in the cyst to drain the fluid. The doctor will insert stitches at the edge of the cyst to create a small opening. This procedure is called marsupialisation. You have light discharge for a few weeks. should be everything you need to take care of this discharge. Less common procedures involve using a laser or having surgery to remove the entire gland. Both procedures are usually performed in a hospital as the same day surgery. It is possible for Bartholin's gland cysts to come back after treatment. This can happen even years later. If so, your doctor doctor cyst again. Your doctor may also remove the Bartholin glands as cysts often return. I have a bump on one of my vaginal lips. Could it be a Bartholin's gland cyst? Do I need tests, such as tests for sexually transmitted diseases? How severe is the cyst? Is it infected? What are my treatment options? What treatment do you recommend me? Is it safe for me to have sex? Copyright © American Academy of Family Physicians This information provides a general overview and may not apply to everyone. Contact your GP to find out if this information applies to you and to get more information on this topic. Simple kidney cysts are fluid-filled sacs, or cysts, that can form in one or both of your kidneys. You only have one cyst or you have a lot. Simple kidney cysts are usually round or oval in shape. They can range from the size of a pea to the size of a golf ball. Simple kidney cysts are usually harmless. Simple kidney cysts do not enlarge the kidneys, do not replace their normal structure or cause impaired kidney function as cysts do in people with polycystic kidney disease (PKD). PKD is a genetic condition that can cause chronic kidney disease. Do simple kidney cysts have a different name? Healthcare professionals sometimes call them simple kidney cysts. Simple kidney cysts are abnormal, fluid-filled sacs that form in the kidneys. How common are simple kidney cysts in a large study, about 1 in 10 people had simple kidney cysts. In people 50 years and older, nearly 1 in 5 people had simple kidney cysts. 1 Who is more likely to develop simple kidney cysts? Simple kidney cysts are more common in older people and men are more likely to develop simple kidney cysts than women. 2 In one study, men were twice as likely to have simple kidney cysts. 1 What are the symptoms and complications of simple kidney cysts? As people age, simple kidney cysts tend to grow larger and grow in number. However, simple kidney cysts usually do not cause symptoms or additional health problems. In rare cases, simple kidney cysts can be large enough to pressure on your bones or other organs, causing pain or discomfort to block blood or urine flow through the kidneys or the ureters becoming infected, causing fever, pain, and sensitivity to burst, causing pain or blood in the urine, also called hematuria causing high blood pressure Talking to your health care provider if you have any of these symptoms. Healthcare professionals can treat simple kidney cysts that cause symptoms or other health problems. What are the causes of simple kidney cysts? Experts don't fully understand the cause of simple kidney cysts, but they are more common as people get older How do health care providers diagnose simple kidney cysts? Simple kidney cysts usually do not cause symptoms, so healthcare providers often find simple kidney cysts when they perform an imaging test for another reason. Healthcare professionals may use imaging tests and laboratory tests to exclude, exclude, kidney cancer. If you are diagnosed with a simple kidney cyst, you usually do not need further testing or treatment. Imaging tests A specially trained technician performs imaging tests at a healthcare provider's office, an outpatient center or a hospital, and a radiologist or nephrologist looks at the images. A healthcare provider can use a computed tomography (CT) scan or magnetic resonance imaging (MRI) if he or she needs more information to confirm your diagnosis. You don't need anesthesia for these tests, but a health care provider may give you light sedation if you need a fear of small spaces and an MRI. Ultrasound. An abdominal ultrasound can find simple kidney cysts by creating images of your kidneys. Ultrasound uses a device called a transducer, which bounces safe, painless sound waves from your organs to create an image or image of their structure. CT scan. CT scans can show cysts and tumors in the kidneys. A CT scan uses a combination of X-rays and computer technology to create images of your urinary tract. Although a CT scan without contrast medium is the most common way to view your urinary tract, a healthcare provider can give you an injection of contrast medium. Contrast medium is a dye or other substance that makes structures in your body easier to see during imaging tests. For a CT scan, lie on a table that slides into a tunnel-shaped device that takes the X-rays. Mri. Like CT scans, an MRI can show cysts and tumors, but provides more detailed photos. MRI machines use radio waves and magnets to produce detailed images of your organs and soft tissues without X-rays. Laboratory tests A healthcare provider can use urine and blood tests to test your kidney function. If you are at risk of kidney problems, you may undergo additional urine and blood tests. How do caregivers treat the complications of simple kidney cysts? Health care professionals usually do not treat simple kidney cysts that do not cause symptoms. However, you may be asked to have regular ultrasounds to watch your simple kidney cysts for signs of change or problems. Healthcare professionals will treat simple kidney cysts that cause symptoms, such as pain, or block blood flow or urine. Some studies suggest that draining or removing the cysts may help with high blood pressure associated with simple kidney cysts. 3 Researchers are not exactly sure how or why this works. Sclerotherapy. Sclerotherapy is used to remove cysts. Using ultrasound as a guide, a health care provider inserts a long needle through your skin and into the cyst. The health care provider drains the cyst and injects an alcohol solution. The solution hardens the area in the cyst, making it less likely to reappear with fluid fill. This procedure is usually performed in an outpatient center using local anesthesia. Surgery. If a cyst is large, you may need to undergo laparoscopic surgery. The surgeon drains the cyst and then removes or burns the outer outer For this procedure you need general anesthesia in a hospital. It may be necessary to stay in the hospital for 1 or 2 days. Can I prevent simple kidney cysts? No. You don't avoid simple kidney cysts. Clinical trials for simple kidney cysts The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) and other components of the National Institutes of Health (NIH) conduct research on many diseases and conditions. What are clinical trials, and are they right for you? Clinical trials are part of clinical research and are at the heart of all medical progress. Clinical trials look at new ways to prevent, detect or treat diseases. Researchers also use clinical trials to look at other aspects of care, such as improving quality of life for people with chronic diseases. Find out if clinical trials suit you. What clinical trials are open? Clinical trials that are currently open and recruiting can be viewed on [www.ClinicalTrials.gov](http://www.ClinicalTrials.gov). References [1] Terada N, Arai Y, Kinukawa N, Yoshimura K, Terai A. Risk factors for kidney cysts. *BJU International*. 2004;93(9):1300–1302. [2] Rule AD, Sasiwimonphan K, Lieske JC, Keddiss MT, Torres VE, Vrtiska TJ. Characteristics of kidney cystic and solid lesions based on contrast-increasing computed tomography of potential kidney donors. *American Journal of Kidney Diseases*. 2012;59(5):611–618. [3] Zerem E, Imamović G, and Omerović S. Simple kidney cysts and arterial hypertension: does their evacuation reduce blood pressure? *Journal of Hypertension*. 2009;27(10):2074–2078. 2009;27(10):2074–2078.

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