

Procedures: Word Catheter Placement

Indications

1. Symptomatic Bartholin's duct cyst
2. Bartholin gland abscesses
3. Asymptomatic cysts do not require intervention

Contraindications

1. Rule out co-existing diseases such as active local infection unrelated to the abscess for example vaginal candidiasis: may predispose to secondary infection
2. Bleeding diathesis: relative contraindication
3. Latex allergy: the stem of the word catheter is latex derived and should be avoided in patients who are allergic to latex

Materials

1. Sterile gloves
2. Antiseptic solution, such as povidone-iodine swab sticks
3. Local anesthetic, such as 1 or 2 percent lidocaine
4. 25 or 30 gauge needle and 3 ml syringe
5. Small forceps
6. #11 Scalpel
7. Culture medium
8. Hemostat
9. Word catheter
10. Small syringe containing 3 ml saline or water
11. Gauze pads

PROCEDURE

Positioning

1. Place patient in lithotomy position

Step-by-Step

1. Obtain informed consent
2. Ensure that the patient does not have any allergies or hypersensitivity reactions to any agents
3. Prepare the area of the cyst or abscess with antiseptic solution
4. Inject 1-3 ml of local anesthetic at or behind the hymenal ring
5. Hold cyst or abscess wall with small forceps or fingers to maintain traction and prevent collapse of the cyst wall after puncture
6. Incise cyst or abscess with 5 mm stab incision
 - o 1.5 cm deep, in the introitus at or behind the hymenal ring
 - o If incision is too large, the catheter will fall out
7. Caution:
 - o Do not incise on labia majus or minus to avoid increased pain or scarring
8. Drain cyst or abscess contents completely by breaking up loculations with hemostat
9. Culture abscess and send for microbiologic identification
10. Place the Word catheter through the incision, as deep as possible
11. Inflate Word catheter balloon with 2-3 ml of saline or water injected into the catheter hub

12. Tuck the end of the Word catheter into vagina to minimize discomfort
13. Empiric broad spectrum antibiotics may be given if cellulitis or an abscess is present
 - Ceftriaxone (125 mg IM) or cefixime (400 mg PO x1)
 - To cover E. coli and N. gonorrhoeae
 - Clindamycin (300 mg PO QID x7 days)
 - To cover anaerobic organisms
 - Azithromycin (1 g PO x1)
 - If C. trachomatis present

Post-Procedure

1. Instruct patient to report redness, fever, pain, abnormal discharge or swelling
2. Patient should wear a peripad to absorb discharge
3. She should maintain pelvic rest (nothing in the vagina) while the Word catheter is in place
4. No post-procedural bleeding is expected therefore any heavy bleeding should be reported urgently
5. She may use sitz baths and mild analgesics to treat pain, if present during the first postoperative day or two
6. Catheter is left in place for at least 2-4 weeks to promote formation of an epithelialized tract
 - Epithelialization may take six weeks

Pearls

1. Insertion of the Word catheter is recommended over repeat incision and drainage, excision, or marsupialization
2. Do not overly rely on topical anesthetics
 - They do little good unless they are left in place long enough to be absorbed
3. Word catheters are inexpensive (approx. \$20 each) and can easily be kept available in the primary care physician's office
4. Two key steps to success:
 - Insert the pickups alongside the blade while it is still inside the cyst/abscess to keep the lumen defined; and
 - Do not release pressure on the syringe plunger until you are ready to remove the saline syringe
5. Usually balloon will easily take entire 3cc of saline without causing patient discomfort
 - Using less increases chances of premature expulsion
6. Use of air in the balloon is not as effective as the air may prematurely deflate the balloon

Complications

1. Prolonged pain or discomfort
2. Non-healing abscess
3. Dyspareunia
4. Infection
5. Scarring with presence of a mass
6. Recurrence
7. Catheter may dislodge with sexual intercourse

8. Excessive bleeding (rare)
9. Septic shock is a rare complication that has been reported after drainage

Follow Up

1. Follow up visit in 4-6 weeks when tract appears well epithelialized
 - Remove catheter by deflating balloon in office
2. If recurrent cysts occur, then marsupialization or excision can be performed
3. If catheter falls out before tract is epithelialized, may need a repeat word catheter placement, marsupialization or excision
4. If problem resolved, follow up to complete resolution

Advantages

1. Low recurrence rates with Word catheter (2-15%)
2. Inexpensive surgical supplies
3. Office procedure
4. Less expensive than excision
5. Patient can return to work immediately following the procedure
6. Effective technique that promotes formation of an epithelialized tract providing additional duct drainage

Cautions

1. Bartholin's gland abscess incidence is highest in patients 20-29 years of age
2. Abscess in patients older than 40 years of age may be secondary to malignancy
3. Incidence of adenocarcinoma is highest among women in their 60s
4. Consider excision of the gland under general or regional anesthesia or biopsy of the cyst wall in patients over 40, especially if the abscess is sterile or recurrent
5. Screen patient for sexually transmitted diseases (STDs), or treat empirically for gonorrhea or chlamydia

References

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