Tower Bridge Hospital London

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT
020 7916 0029 · Open 7 days, 9am–7pm
towerbridgehospital.co.uk

PATIENT INFORMATION · WOMEN'S HEALTH

Ovarian cysts
most are part of a normal cycle

An ovarian cyst is a fluid-filled sac on the ovary. In women who are still having periods, the great majority are **functional** — a normal part of ovulation — and disappear within a few cycles without any treatment. A small proportion need investigating, and one situation is a genuine emergency.

Go to an emergency department immediately if you have

- **sudden severe one-sided pelvic pain**, often with nausea and vomiting
- pain that came on **abruptly, sometimes after exercise or sex**
- **feeling faint, collapsing**, or a racing heart with pain
- **severe pain with a positive pregnancy test** — ectopic pregnancy must be excluded
- **fever with pelvic pain** and offensive discharge
- a **rapidly swelling abdomen** with breathlessness

Ovarian torsion — the ovary twisting on its blood supply — causes sudden severe pain and needs surgery within hours to save the ovary. It is more likely with larger cysts. A ruptured cyst with significant internal bleeding is also an emergency. In an emergency call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

The common types

- **Functional cysts** — follicular and corpus luteum cysts, formed as part of ovulation. Very common, usually under 5cm, and typically resolve within two to three cycles. These do not occur after the menopause.
- **Endometrioma** — a cyst of endometriosis tissue, often called a chocolate cyst.
- **Dermoid cyst** — benign, containing a mixture of tissues, common in younger women.
- **Cystadenoma** — benign, can grow large.
- **Polycystic ovaries** — multiple small follicles, which are **not cysts** and are a different condition entirely.

Symptoms

Most cause none and are found incidentally on a scan done for another reason. When they do cause symptoms: pelvic pain or a dull ache, bloating or a feeling of fullness, pain during sex, pressure on the bladder or bowel, irregular periods, and occasionally sudden pain if the cyst bleeds or ruptures.

What CA125 does and does not tell you

CA125 is a blood test used alongside ultrasound to assess risk. It is frequently misunderstood. It is **raised in many benign conditions** — endometriosis, fibroids, pelvic infection, pregnancy, liver disease, and even during a normal period — and it is **normal in around half of early ovarian cancers**. It is not a screening test, and there is no national ovarian cancer screening programme because testing well women does more harm than good. Interpreted alongside the scan appearance and your age, it is useful; taken alone, it causes a great deal of unnecessary alarm.

What happens after a cyst is found

- **Before the menopause**: a simple cyst under about 5cm usually needs nothing at all. Between 5 and 7cm, a repeat scan in six to twelve weeks confirms it has resolved. Larger or complex cysts need further assessment.
- **After the menopause**: cysts are taken more seriously, since functional cysts should no longer occur. A CA125 and a risk score are calculated, and referral follows accordingly.
- **Complex features** on the scan — solid areas, thick septations, increased blood flow — prompt specialist assessment regardless of age.
- **The combined pill does not shrink an existing cyst**, though it prevents new functional ones forming.

Symptoms that should never be dismissed

Ovarian cancer is diagnosed late partly because its symptoms are vague and easily attributed to IBS or diet. Seek assessment if you have **persistent bloating** (most days for three weeks or more), **feeling full quickly or loss of appetite**, **pelvic or abdominal pain**, or **needing to pass urine more often or urgently** — particularly if these are new, persistent and you are over 50. New IBS-type symptoms starting after 50 warrant investigation rather than a diagnosis of IBS.

Surgery

- Usually keyhole, removing the cyst and preserving the ovary where possible — particularly important if you may want children.
- Considered for large cysts, persistent symptoms, complex features, or suspicion of anything other than a simple cyst.
- Recovery from keyhole surgery is typically one to two weeks.
- Removing one ovary does not usually affect fertility or bring on the menopause.

Why come to us. Finding a cyst on a scan and then waiting weeks for someone to explain it is genuinely distressing. We perform **pelvic ultrasound on site and explain the findings in the same visit** — including what type it looks like and whether it needs anything doing — and can take CA125 and hormone bloods here where they are appropriate. Repeat scanning, and gynaecology referral where needed, are arranged without a wait. Female clinician available on request, seven days a week.

Scanned and explained in the same appointment

Ultrasound and bloods on site, female clinician available.

Book an appointment

or call 020 7916 0029

Where to get help

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
Open 7 days, 9am–7pm

In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

Related: **Women's Health** · **Ultrasound Scans** · **Blood Tests** · **All patient leaflets**

Written and reviewed by Dr H Bolat, GP & Clinical Director **Review date: 26 July 2026** **Next review due: July 2028**

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This leaflet is based on current NHS, NICE CG122/NG12 and RCOG guidance on ovarian cysts and suspected ovarian cancer. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.

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