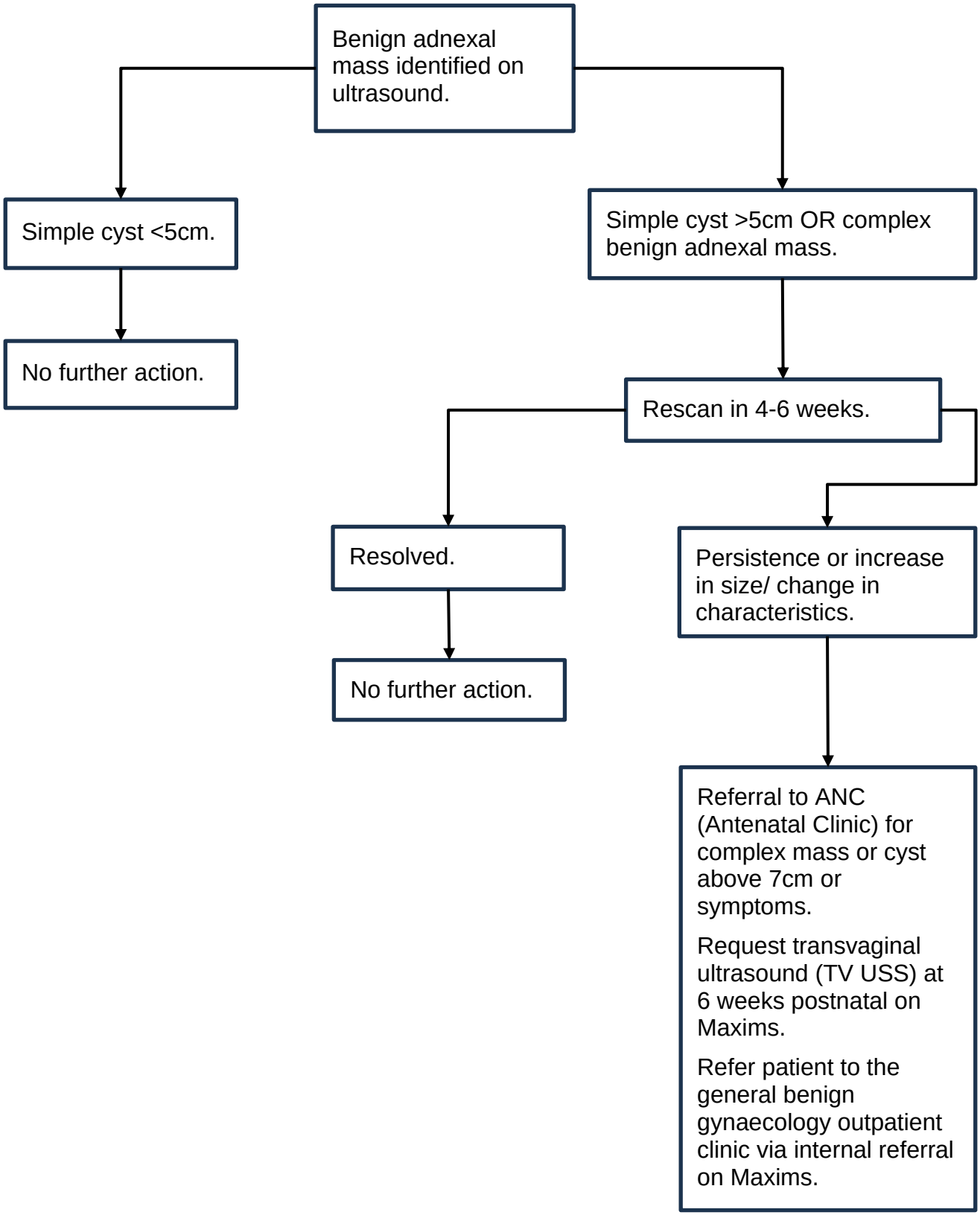
Royal Cornwall Hospitals
NHS Trust

Management of Benign Adnexal Masses in Pregnancy Clinical Guideline

V1.0

June 2025

Summary


Benign adnexal mass identified on ultrasound.
Simple cyst <5cm.
No further action.
Simple cyst >5cm OR complex benign adnexal mass.
Rescan in 4-6 weeks.
Resolved.
No further action.
Persistence or increase in size/ change in characteristics.
Referral to ANC (Antenatal Clinic) for complex mass or cyst above 7cm or symptoms.
Request transvaginal ultrasound (TV USS) at 6 weeks postnatal on Maxims.
Refer patient to the general benign gynaecology outpatient clinic via internal referral on Maxims.

1. Aim/Purpose of this Guideline

1.1. This guideline is for use by radiology, primary care, and secondary care clinicians involved in the management of adnexal masses identified during pregnancy and/ or routine obstetrics ultrasounds.

1.2. This guideline aims to provide guidance in the management of benign adnexal masses in pregnancy.

Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

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2. The Guidance

2.1. Background

2.1.1. Adnexal masses have a prevalence of 0.19-8.8% in pregnancy.

2.1.2. Management of adnexal masses in pregnancy depends on whether they are suspected to be benign or malignant. Most benign masses resolve spontaneously or can be conservatively managed. Ovarian malignancy is rare in pregnancy.

2.1.3. Most adnexal masses in pregnancy are of ovarian origin. However, heterotopic pregnancy, pelvic inflammatory disease, hydrosalpinx and appendiceal mass may also be reported as adnexal masses. Most extraovarian masses are benign.

2.1.4. Surgery should be considered in the case of an acute abdomen, including suspected ovarian torsion and high suspicion of malignancy. Alternatively, to surgery, a needle aspiration of the cyst might be considered if the relevant skill set is available.

2.1.5. Dermoid cysts >5cm and cystadenomas are at greater risk of torsion. This is more common in the first trimester or the two weeks following delivery.

2.2. **Assessment of adnexal masses in pregnancy**

2.2.1. Ultrasound.

- This is the first line imaging tool for evaluating the adnexa.
- Ultrasound can determine whether the mass is intra-ovarian or extra-ovarian.
- Ultrasound scans should be reported using the International Ovarian Tumour Analysis (IOTA) criteria to determine if the features of the adnexal mass are indeterminate or suggestive of malignancy.

2.2.2. MRI (Magnetic Resonance Imaging).

- MRI may be useful when managing indeterminate masses or when malignancy is suspected.

2.3. **Management**

Management of adnexal masses in pregnancy depends on the size of the mass, sonographic appearances and associated symptoms.

2.3.1. Simple ovarian cysts <5cm in diameter.

- The majority of adnexal masses in pregnancy are simple ovarian cysts <5cm in diameter. Often, these are functional cysts that resolve spontaneously by 16 weeks of gestation.
- No follow-up is required.

2.3.2. Ovarian cysts >5cm in diameter or complex cysts require a follow-up ultrasound within 4-6 weeks.

- If the mass has resolved at this point, no further action is required.
- Patients with complex and/or large cysts should be referred to the ANC to discuss management including:
  - The possibility of active management +/- referral for non-emergency treatment if deemed appropriate
  - Management of adnexal mass if delivery via CS (Caesarean Section) is planned.
- Persistent simple cysts have a low risk of malignancy. If the mass persists, arrange a further follow-up ultrasound at 6 weeks postnatally, and refer the patient to the general benign gynaecology outpatient clinic via internal referral on Maxims.
- Patients should be advised to contact the gynaecology department on 01872 252739 to arrange earlier follow-up, should the pregnancy end earlier than expected (e.g. miscarriage, pre-term delivery).

2.3.3. All patients diagnosed with an adnexal mass in pregnancy should be advised that they have open access via DAU (Day Assessment Unit) if >12 weeks should they develop symptoms of torsion, including sudden and worsening abdominal pain.

2.3.4. Patients' general practitioners (GPs) should be informed regarding diagnosis and plan of care via a documented letter on Maxims.

3. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Number of patients with benign ovarian cysts with appropriate follow-up.
Lead	Miss Kristin Fiedler ; Obstetrics and Gynaecology Consultant.
Tool	Monitoring via Datix.
Frequency	Ongoing monitoring via Datix.
Reporting arrangements	Incidents involving patients who have not received appropriate follow-up with repeat sonography and/or antenatal clinic referral will be reported via Datix.
Acting on recommendations and Lead(s)	The gynaecology lead will review, undertake subsequent recommendations and action planning when an incident has occurred.
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned within 3 months. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.

4. Equality and Diversity

4.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the Equality Diversity And Inclusion Policy or the Equality and Diversity website.

4.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Management of Benign Adnexal Masses in Pregnancy V1.0.
This document replaces (exact title of previous version):	New document.
Date Issued / Approved:	June 2025.
Date Valid From:	June 2025.
Date Valid To:	June 2028.
Author / Owner:	Taona Nyamapfene, Obstetrics and Gynaecology Trainee and Kristin Fiedler, Consultant Obstetrician and Gynaecologist.
Contact details:	01872 253163.
Brief summary of contents:	The management of benign adnexal cysts in pregnancy.
Suggested Keywords:	Ovarian cysts, adnexal cysts, pregnancy.
Target Audience:	**RCHT:** Yes **CFT:** No **CIOS ICB:** Yes
Executive Director responsible for Policy:	Chief Medical Officer.
Approval route for consultation and ratification:	Gynaecology Business and Governance Meeting.
Manager confirming approval processes:	Caroline Chappell; Care Group General Manager.
Name of Governance Lead confirming consultation and ratification:	Michael Cross.
Links to key external standards:	Alalade AO, Maraj H. Management of adnexal masses in pregnancy. The Obstetrician and Gynaecologist. 2017; 19: 317–25. DOI: 10.1111/tog.12417 Available at: NHS Cornwall and Iscles of Scilly RMS Clinical Referral Guidelines (2024).

Information Category	Detailed Information
Related Documents:	Royal Cornwall Hospitals NHS Trust Clinical Imaging Department Premenopausal asymptomatic ovarian cysts guideline Pre Menopausal Simple Ovarian Cysts. Available at: https://rms.cornwall.nhs.uk/rms/primarycareclinicalreferralcriteria/gynae/premenopausalsimpleovariancysts.
Training Need Identified:	No.
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet.
Document Library Folder/Sub Folder:	Clinical / Gynaecology.

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
June 2025.	V1.0.	Initial issue.	Taona Nyamapfene, Obstetrics and Gynaecology Trainee and Kristin Fiedler, Consultant Obstetrician and Gynaecologist.

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust The Policy on Policies (Development and Management of Knowledge Procedural and Web Documents Policy). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Management of Benign Adnexal Masses in Pregnancy V1.0
Department and Service Area:	Gynaecology
Is this a new or existing document?	New
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Kristin Fiedler, Consultant Obstetrician and Gynaecologist
Contact details:	01872 253163

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	Clinicians involved in the management of adnexal masses in pregnancy.
2. Policy Objectives	To ensure consistent and appropriate management of adnexal masses in pregnancy.
3. Policy Intended Outcomes	Patients will receive appropriate follow-up through repeat sonography and antenatal clinic follow-up when indicated.
4. How will you measure each outcome?	Any identified incidents will be reported via Datix.
5. Who is intended to benefit from the policy?	Patients with adnexal masses identified in pregnancy.

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	• Workforce: Yes • Patients/ visitors: No • Local groups/ system partners: No • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	Gynaecology Business and Governance group.
6c. What was the outcome of the consultation?	Approved.
6d. Have you used any of the following to assist your assessment?	**National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys:** Yes.

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	The guideline will apply to everyone referred with an adnexal mass in pregnancy, regardless of age.
Sex (male or female)	No	The guideline will apply to everyone referred with an adnexal mass in pregnancy, regardless of sex/ gender.
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	The guideline will apply to everyone referred with an adnexal mass in pregnancy, regardless of gender reassignment.
Race	No	The guideline will apply to everyone referred with an adnexal mass in pregnancy regardless of race.

Protected Characteristic	(Yes or No)	Rationale
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	Those patients with additional needs will be referred for additional support as appropriate- i.e., to the Liaison Team. Written information will be provided in a format to meet the patient's needs e.g., easy read, audio etc
Religion or belief	No	The guideline will apply to everyone referred with an adnexal mass in pregnancy, regardless of religion or race.
Marriage and civil partnership	No	The guideline will apply to everyone referred with an adnexal mass in pregnancy, regardless of marital or civil partnership status.
Pregnancy and maternity	No	The guideline will apply to everyone referred with an adnexal mass in pregnancy, regardless of reproductive status.
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	The guideline will apply to everyone referred with an adnexal mass in pregnancy regardless of sexual orientation.

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Gynaecology Business and Governance Group.

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
Section 2. Full Equality Analysis