Royal Cornwall Hospitals
NHS Trust

Use of “Word” Catheter for the Treatment of Bartholin’s Abscesses and Cysts Clinical Guideline

V3.0

November 2025

Summary

This guideline will provide evidence based guidance on the Use of ‘Word’ Catheters for the treatment of Bartholin’s abscesses/ cyst.

1. Aim/Purpose of this Guideline

1.1. This guideline will provide evidence-based guidance on the Use of 'Word' Catheters for the treatment of Bartholin's abscesses/cyst.

Bartholin's cysts and abscesses account for 2% of gynaecologic visits per year due to symptoms. Abscesses are 3 times more common than cysts.

Risks:

Previous Bartholin's cysts/abscesses are a risk factor for recurrence, more common in women at risk of STI's, Incidence increases with age until menopause and then declines.

Studies have shown the single most common pathogen to be E.Coli followed by polymicrobial infections. There is increasing evidence of MRSA as a pathogen and there are report of Neisseria gonorrhoea and Chlamydia trachomatis as positive isolates (2%).

1.2. This version supersedes any previous versions of this document.

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. **Principle**

Incision and drainage with placement of "Word" catheter should be considered for uncomplicated Bartholin's abscess/cysts.

The 'Word' catheter is a balloon tipped catheter that is positioned inside the cyst / abscess cavity and acts as a foreign body in the wound preventing closure, thus resulting in the formation of an epithelialised fistula. When the catheter is removed, the newly created duct will shrink, and the gland will return to its normal function.

2.2. **Contra-indications to use of Word Bartholin's catheter:**

- Latex allergy or hypersensitivity to any of the agents that will be administered.
- Patient declines.
- Consider marsupialisation for women with recurrence after one- or two-Word catheter placements.

2.3. **Pre-Procedural evaluation:**

2.3.1. Evaluate and confirm the Bartholin's abscess/cyst.

2.3.2. Consider analgesia- oral or Entonox.

2.3.3. Signed consent on pre-printed consent form should be obtained:

- Procedure- incision, drainage and insertion of Word catheter under local anaesthesia.
- Benefits- to treat the abscess/cyst.
- Risks and complications- infection, bleeding, discomfort, necrosis, scarring may cause dyspareunia or distortion of anatomy, catheter may fall out, abscess/cyst recurrence (10% risk - similar for both word catheter and marsupialisation).

2.4. **Equipment:**

- Sterile gloves.
- Cleaning solution (e.g. chlorhexidine gluconate solution).
- Syringe and needle for LA (Local Anaesthetic) infiltration.
- Local anaesthetic (e.g. 5ml 1% lignocaine).
- Word catheter pack.
- 5ml saline solution or sterile water.
- 23 or 25-guage needle with 3ml syringe for inflating catheter balloon (comes in the pack).
- Scalpel with No.11 blade.
- Small forceps.
- Gauze pads.
- Charcoal swab +/-(triple swabs).

2.5. **Procedure:**

2.5.1. Position patient with legs/knees abducted or in lithotomy position.

2.5.2. Clean the vulva/vagina with sterilising solution under good lighting.

2.5.3. Offer Entonox if available.

2.5.4. Infiltrate about 3- 5mls of local anaesthetic agent in the planned incision site.

2.5.5. Make a stab-incision (1- 1.5 cm deep) on the mucosal surface of the abscess/cyst on or behind the hymenal ring.

2.5.6. Drain the contents of the abscess/cyst.

2.5.7. Obtain a swab for infection (consider STI (Sexually Transmitted Infection) swabs). Consider taking a biopsy if suspicious of neoplasia.

2.5.8. Ensure loculations are broken down with a charcoal swab or a small forceps.

2.5.9. Insert the Word catheter into the cavity and inflate the balloon with 3mls of sterile water.

2.5.10. A suture may be placed on the incision to hold the balloon in place.

2.5.11. If patient has increased discomfort or pain after the balloon inflation, consider deflating the balloon partially but ensuring the balloon stays in position.

2.5.12. Once the balloon is in place, place the end of the catheter inside the vagina.

2.6. **Follow-up:**

2.6.1. The Word catheter should be left in place for at least 4 weeks for epithelisation to take place.

2.6.2. EGU (Emergency Gynaecology Unit) follow-up appointment in 4 weeks' time and give the woman open access to Eden ward.

2.6.3. Consider oral antibiotic if there is associated cellulitis.

2.6.4. Advise oral analgesia and to report if increased pain, swelling, discharge or fever.

2.6.5. The balloon can be deflated and removed after 4 weeks once epithelisation has occurred.

2.6.6. If the Word catheter falls out before 4 weeks, examine to assess the need for further treatment.

3. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Audit the compliance to the guideline.
Lead	Sarah Eddy Advanced Nurse Practitioner EGU/EPU (Early Pregnancy Unit).
Tool	Ad hoc monitoring of guidance as part of routine audit activity.
Frequency	Annual review at the Audit and Governance meeting.
Reporting arrangements	Audit and Governance meeting.
Acting on recommendations and Lead(s)	Audit and Governance meeting.
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:	Use of “Word” Catheter for the Treatment of Bartholin’s Abscesses and Cysts Clinical Guideline V3.0
This document replaces (exact title of previous version):	Use of “Word” Catheter for the Treatment of Bartholin’s Abscesses and Cysts Clinical Guideline V2.0
Date Issued/Approved:	November 2025
Date Valid From:	November 2025
Date Valid To:	November 2028
Directorate / Department responsible (author/owner):	Sarah Eddy Advanced Nurse Practitioner EGU/EPU
Contact details:	01872 252686 rch-tr.egu@nhs.net
Brief summary of contents:	This guideline will provide evidence based guidance on the Use of “Word” Catheters for the treatment of Bartholin’s abscesses/cyst.
Suggested Keywords:	Catheter, Bartholin’s, abscess, cyst.
Target Audience:	**RCHT:** Yes **CFT:** No **CIOS ICB:** No
Executive Director responsible for Policy:	Chief Medical Officer
Approval route for consultation and ratification:	Gynaecology Specialty Meeting
Manager confirming approval processes:	Caroline Chappell
Name of Governance Lead confirming consultation and ratification:	Michael Cross
Links to key external standards:	None required
Related Documents:	Balloon catheter insertion for Bartholin’s cyst or abscess (IPG323). NICE Guidance.

Information Category	Detailed Information
	Bartholin gland cyst and abscess: Word catheter placement. UpToDate. BMJ Antibiotics after incision and drainage for uncomplicated skin abscesses: a clinical practice guideline.
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
November 2019	V1.0	Initial issue.	Lisa Verity; Obstetrics and Gynaecology Consultant.
November 2022	V2.0	Updated guideline. Now for written consent.	Sarah Eddy: Advanced Nurse Practitioner (ANP) Emergency Gynaecology Unit (EGU) / Early Pregnancy Unit (EPU).
November 2025	V3.0	Full review, no amendments required.	Sarah Eddy, ANP EGU/EPU.

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:	Use of "Word" Catheter for the Treatment of Bartholin's Abscesses and Cysts Clinical Guideline V3.0
Directorate and service area:	Gynaecology
Is this a new or existing Policy?	Existing
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Sarah Eddy Advanced Nurse Practitioner EGU / EPU
Contact details:	01872 252686 rch-tr.egu@nhs.net

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)	Standardised best practice for all clinical staff working in the Division of women, children and sexual health for the Use of 'Word' Catheters for the treatment of Bartholin's abscesses/cyst.
2. Policy Objectives	As above.
3. Policy Intended Outcomes	As above.
4. How will you measure each outcome?	Audit and Governance Meeting.
5. Who is intended to benefit from the policy?	All obstetrics and gynaecological patients.

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.	**Please record specific names of individuals/ groups:** Gynaecology Specialty Meeting.
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:** No.

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	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	Any information provided should be in an accessible format for the parent/carer/patient's needs- i.e. available in different languages if required/access to an interpreter if required.

Protected Characteristic	(Yes or No)	Rationale
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	Those parent/carer/patients with any identified additional needs will be referred for additional support as appropriate- i.e. to the Liaison Team or for specialised equipment. Written information will be provided in a format to meet the family's needs e.g. easy read, audio etc.
Religion or belief	No	
Marriage and civil partnership	No	
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

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: Sarah Eddy, Advanced Nurse Practitioner, EGU/ EPU

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

Appendix 3. Following Insertion of a Word Catheter to Treat a Bartholin's Cyst Patient Information Leaflet

RCHT1789 Patient Information Leaflet- Following Insertion of a Word Catheter to Treat a Bartholin's Cyst.