

Patient information from BMJ

Last published: Apr 01, 2025

Ovarian cyst

Most ovarian cysts are small, harmless, and go away without any treatment. Many women don't even know they have them. But if you have a bigger cyst it may cause you discomfort or pain. You may need to have the cyst removed. Your doctor will do tests to make sure the cyst is not a sign of cancer.

You can use our information to talk to your doctor and decide which treatments are best for you.

What are ovarian cysts?

An ovarian cyst is a sac that develops on the ovary. Most are filled with fluid (a simple cyst) but some are filled with a more solid substance (a solid cyst). Simple cysts are common and many women have them without even knowing about them.

Cysts usually form as a reaction to hormonal changes in your body. Things that can affect your hormone levels and lead to a cyst include:

- being pregnant
- having treatment for infertility
- having a medical condition such as polycystic ovary syndrome (PCOS) or endometriosis
- taking the drug tamoxifen.

Cysts may also come and go depending on your hormone levels during your menstrual cycle.

Sometimes an ovarian cyst can be a sign of cancer. So it's important to get any symptoms checked out. Ovarian cancer is more common as women get older, and especially after the menopause.

What are the symptoms of ovarian cysts?

Most ovarian cysts are small and go away without causing any problems. Many women who have a cyst don't notice any symptoms. The cyst might only be noticed during an ultrasound scan for something else – for example, if you are pregnant.

If you do get symptoms, these can include:

Ovarian cyst

- pain in the pelvic area, which might be to one side of the pelvis. Some women notice this more during or after sex.
- feeling bloated, needing to urinate more often, and feeling full sooner when eating.
- changes to your periods. They might get heavier or lighter, or become irregular or painful.

If you are in a lot of pain, it may be that the cyst is infected, has burst, or has twisted and is cutting off blood supply to the ovary. It's important to get this checked out right away. But all the symptoms listed above should be checked by a doctor if they persist.

If you have symptoms of an ovarian cyst you'll probably have a transvaginal ultrasound scan. This is where an ultrasound probe is placed inside your vagina. It shows images of your ovaries on a computer screen.

Depending on the results of the scan, you may need another scan to give a more detailed picture. You might have a CT, MRI, or PET scan. You may also need a blood test. These tests help the doctor work out what is causing the cyst and whether it is a sign of cancer.

What are the treatment options for ovarian cysts?

The treatment you are offered will depend on the type of cyst, your scan and blood test results, and whether you are pre- or post-menopausal. Many women don't need any treatment, because the cyst will go away on its own without causing problems.

If you are pre-menopausal. If you have a small, simple, fluid-filled cyst that isn't causing problems, you may not need treatment or follow-up appointments. However, if the cyst is bigger than 5-7 cm or seems solid, your doctor may suggest you have another ultrasound in a few months' time.

If you are post-menopausal. If you have a simple cyst, your doctor is likely to suggest you have an ultrasound and a blood test every 2-3 months, until the cyst goes. If the cyst seems solid, you will probably be referred to a specialist for further testing and treatment.

Surgery

Your doctor may suggest that you have an operation to remove the cyst if:

- It hasn't gone away after your follow-up scan
- It is causing you pain or discomfort
- It has got bigger
- Your doctor is concerned that it may be cancer.

There are two types of operation to remove a cyst: laparoscopy and laparotomy.

A **laparoscopy** is a type of keyhole surgery. You have a small cut below your belly button (navel), and a tiny camera on a tube is fed through to your ovaries to take a look. If the surgeon can see a cyst, they will probably remove it using small tools during the same surgery. This procedure takes about half an hour, and you may be able to go home from the hospital the same day.

Ovarian cyst

In some cases, your doctor may suggest you have a **laparotomy** instead of a laparoscopy. During a laparotomy, the surgeon makes a bigger cut. It takes longer to recover from this type of procedure than from keyhole surgery. You may need to stay in the hospital for a couple of days.

If you have surgery before the menopause, your surgeon will try to preserve your fertility during the operation. This means that they will try to remove the cyst without damaging or removing the ovary. Your surgeon will talk you through the risks of surgery beforehand.

What happens next?

If you have surgery to remove a cyst, you may be in pain for a few weeks afterwards. It can sometimes take up to 3 months to make a full recovery.

The cyst will be tested in a laboratory to make sure it doesn't contain cancer cells. Most simple ovarian cysts are rarely cancerous. Even in women over 50 years old, the risk of a simple cyst turning out to be ovarian cancer is less than 1 in 1,000.^[1] Solid cysts are more likely to be cancerous, especially in post-menopausal women. If the cyst is cancerous you will need treatment for ovarian cancer.

It's always possible that a cyst will come back. But most women who have ovarian cysts recover without any problems.

1. Modesitt SC, Pavlik EJ, Ueland FR, et al. Risk of malignancy in unilocular ovarian cystic tumors less than 10 centimeters in diameter. *Obstet Gynecol.* 2003 Sep;102(3):594-9.

The patient information from *BMJ Best Practice* is regularly updated. The most recent version of Best Practice can be found at bestpractice.bmj.com. This information is intended for use by health professionals. It is not a substitute for medical advice. It is strongly recommended that you independently verify any interpretation of this material and, if you have a medical problem, see your doctor.

Please see BMJ's full terms of use at: bmj.com/company/legal-information. BMJ does not make any representations, conditions, warranties or guarantees, whether express or implied, that this material is accurate, complete, up-to-date or fit for any particular purposes.

© BMJ Publishing Group Ltd 2025. All rights reserved.

What did you think about this patient information guide?

Complete the [online survey](#) or scan the QR code to help us to ensure our content is of the highest quality and relevant for patients. The survey is anonymous and will take around 5 minutes to complete.

