

<b>Reference Number:</b> UHB 368 <b>Version Number:</b> 2	<b>Date of Next Review:</b> 17 May 2022  <b>Previous Trust/LHB Reference Number:</b> N/A
<b>Management of Simple Ovarian and Other Adnexal Cysts Imaged on Ultrasound</b>	
<b>Introduction and Aim</b>  Consistency in reporting, follow up and management recommendations of simple and other adnexal cysts detected on ultrasound.	
<b>Objectives</b> <ul style="list-style-type: none"> <li>• Ensure the standardisation of gynaecological ultrasound examinations.</li> <li>• Consistent management of Gynae ultrasound scanning by Sonographers / Radiologists to facilitate an accurate and thorough approach to the examination with accurate reporting to the referring clinician</li> </ul>	
<b>Scope</b>  This guideline applies to all of our staff within the Radiology Directorate in all locations including those with honorary contracts. (excludes medical physics – pelvic mass clinic)	
<b>Equality Health Impact Assessment</b>	<i>An Equality Health Impact Assessment (EHIA) has not been completed.</i>  It did not appear relevant and proportionate at this time to undertake a full Equality Impact Assessment
<b>Documents to read alongside this Procedure</b>	<ul style="list-style-type: none"> <li>• Ovarian cancer: recognition and initial management Clinical guideline [CG122] Published date: April 2011</li> <li>• Ovarian cancer Quality standard [QS18] Published date: May 2012</li> <li>• The Management of Ovarian Cysts in Postmenopausal women Green-top Guideline No. 34 July 2016</li> <li>• Management of Suspected Ovarian Masses in</li> </ul>

Document Title: Management of Simple Ovarian and Other Adnexal Cysts Imaged on Ultrasound	2 of 8	Approval Date: 17 <sup>th</sup> May 2019
Reference Number: UHB 368		Next Review Date: 17 <sup>th</sup> May 2022
Version Number: 2		Date of Publication: 21 May 2021
Approved By: GPF & Q&S		

	<p>Premenopausal Women Green-top Guideline No. 62 RCOG/BSGE Joint Guideline I November 2011</p>
<b>Approved by</b>	<p>Obstetric and Gynaecology Directorate. Dr Nigel Davies, Clinical Director. Dr Anju Sinha, Consultant Gynaecologist.</p>

<b>Accountable Executive or Clinical Board Director</b>	<i>Dr Nigel Davies. Clinical Director, Obstetrics and Gynaecology</i>
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<p style="text-align: center;"><b><u>Disclaimer</u></b> If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Governance Directorate.</p>	

Summary of reviews/amendments			
Version Number	Date of Review Approved	Date Published	Summary of Amendments
2	17/05/2019	21/05/2021	Updated document

Document Title: <i>Management of Simple Ovarian and Other Adnexal Cysts Imaged on Ultrasound</i>	3 of 8	Approval Date: 17 <sup>th</sup> May 2019
Reference Number: UHB 368		Next Review Date: 17 <sup>th</sup> May 2022
Version Number: 2		Date of Publication: 21 May 2021
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## **Management of Simple Ovarian and Other Adnexal Cysts Imaged on Ultrasound**

### **SIMPLE CYSTS**

- Round or oval with smooth thin walls. No solid component or septation. No doppler flow.
- A single thin septation or small calcification in the wall – protocol as per simple cyst.

### **In women of reproductive age:**

1. **Cysts  $\leq 3$  cm:** Normal physiologic findings;  
***Report as normal. Do not need follow-up***
2. **Cysts  $> 3$  and  $\leq 5$  cm:** Should be described in the imaging report  
***Do not need follow-up***
3. **Cysts  $> 5$  cms:** Should be described in the imaging report;  
***8 Wk follow up appointment to be arranged by Radiology.***

***Radiology report to include  
If persistent advise referral to Gynaecology clinic. Check CA 125.  
If CA 125  $< 35$  U/L, for routine referral. If CA 125  $> 35$ , please refer urgently***

### **In postmenopausal women:**

1. **Cysts  $\leq 3$  cm:** Are clinically inconsequential;  
***Do not need follow-up.***
2. **Cysts  $> 3$  and  $\leq 5$  cm**  
***Radiology report to include***

Document Title: <i>Management of Simple Ovarian and Other Adnexal Cysts Imaged on Ultrasound</i>	4 of 8	Approval Date: 17 <sup>th</sup> May 2019
Reference Number: UHB 368		Next Review Date: 17 <sup>th</sup> May 2022
Version Number: 2		Date of Publication: 21 May 2021
Approved By: GPF & Q&S		

***Check CA 125. If CA 125 > 35 U/L, please refer urgently to gynaecology. Repeat scan in 4 – 6 months if CA 125 < 35.***

**3. If cyst > 5cm.**

***Radiology report to include***

***Check CA 125. Refer to gynaecology urgently.***

## **HAEMORRHAGIC CYSTS**

- Complex cyst with reticular internal echoes, solid elements with concave margins.
- If not classic in appearance follow complex cyst protocol.

### **In women of reproductive age**

**1. Cysts  $\leq 3$  cm:** Describe findings in keeping with hemorrhagic cyst.

***Do not advise follow up.***

**2. Cysts >3 and  $\leq 7$  cm:** Describe findings in keeping with hemorrhagic cyst.

***8 week follow up to be arranged by Radiology***

***If appearances are of resolving haemorrhagic cyst, Radiology to arrange follow up scan further 8 weeks.***

***Radiology report to include***

***If persistent > 3cms, advise referral to Gynaecology clinic. Check CA 125 If CA 125 < 35 U/L, for routine referral. If CA 125 > 35, please refer urgently***

**3. Cysts >7 cm:** Describe findings,

***Radiology report to include***

***Check CA 125. Referral for further evaluation to the Pelvic Mass Clinic advised***

Document Title: <i>Management of Simple Ovarian and Other Adnexal Cysts Imaged on Ultrasound</i>	5 of 8	Approval Date: 17 <sup>th</sup> May 2019
Reference Number: UHB 368		Next Review Date: 17 <sup>th</sup> May 2022
Version Number: 2		Date of Publication: 25 May 2021
Approved By: GPF & Q&S		

## **In postmenopausal women:**

**Not physiological therefore not a likely finding.  
See Complex Cyst Guideline**

## **COMPLEX CYSTS**

**To include one or more of the following ultrasound features:**

- Multiple thin septations
- Solid nodule +/- Doppler flow
  - Thick irregular septations

## **In women of reproductive age:**

**1. Cysts  $\leq$  3 cm: Describe findings.**

***8 week follow up to be arranged by Radiology***

***Radiology report to include***

***If persistent advise referral to Gynaecology clinic. Check CA 125.  
If CA 125 < 35 U/L, for routine referral. If CA 125 > 35, please refer  
urgently***

**2. Cysts > 3cms**

***Radiology report to include***

***Check CA125. Referral for further evaluation to the Pelvic Mass  
Clinic advised***

Document Title: <i>Management of Simple Ovarian and Other Adnexal Cysts Imaged on Ultrasound</i>	6 of 8	Approval Date: 17 <sup>th</sup> May 2019
Reference Number: UHB 368		Next Review Date: 17 <sup>th</sup> May 2022
Version Number: 2		Date of Publication: 21 May 2021
Approved By: GPF & Q&S		

## In postmenopausal women:

- All complex cysts:

Describe findings.

***Radiology report to include***

***Check CA 125. Referral for further evaluation to the Pelvic Mass***

***Clinic advised***

## Endometriomas

- Homogenous low level internal echoes
- Small echogenic foci in wall.

## Women of reproductive age:

- If not classic in appearance follow complex cyst protocol
- All sizes, Describe findings as in keeping with endometrioma.

***Radiology report to include***

***Consider referral to gynaecology services***

## Dermoid cysts

- Focal or diffuse hyperechoic component
- Hyperechoic lines and dots
- Areas of acoustic shadowing
- No internal flow.

## Women of reproductive age:

- If not classic in appearance follow complex cyst protocol

Document Title: <i>Management of Simple Ovarian and Other Adnexal Cysts Imaged on Ultrasound</i>	7 of 8	Approval Date: 17 <sup>th</sup> May 2019
Reference Number: UHB 368		Next Review Date: 17 <sup>th</sup> May 2022
Version Number: 2		Date of Publication: 21 May 2021
Approved By: GPF & Q&S		

- All sizes, Describe findings as in keeping with dermoid.

***Radiology report to include  
Consider referral to gynaecology services***

**IF IN DOUBT ABOUT APPEARANCES OF CYST,  
DISCUSS WITH CONSULTANT RADIOLOGIST.**

## **Pelvic Ultrasound Imaging Technique**

**Management of Suspected Ovarian Masses in Premenopausal Women. Green-top Guideline No. 62. RCOG/BSGE Joint Guideline | November 2011**

“A Pelvic Ultrasound is the single most effective way of evaluating an ovarian mass with transvaginal sonography being preferable due to its increased sensitivity over transabdominal ultrasound”

**TVS Should be performed in all cases where pathology is suspected or image quality is suboptimal**

**The Management of Ovarian Cysts in Postmenopausal women  
Green-top Guideline No. 34 July 2016**

“A Transvaginal pelvic ultrasound is the single most effective way of evaluating ovarian cysts in postmenopausal women”

Document Title: <i>Management of Simple Ovarian and Other Adnexal Cysts Imaged on Ultrasound</i>	8 of 8	Approval Date: 17 <sup>th</sup> May 2019
Reference Number: UHB 368		Next Review Date: 17 <sup>th</sup> May 2022
Version Number: 2		Date of Publication: 21 May 2021
Approved By: GPF & Q&S		

“Transabdominal ultrasound should not be used in isolation. It should be used to provide supplementary information to transvaginal sonography particularly when an ovarian cyst is large or beyond the field of view of transvaginal ultrasound”

**TVS Should be performed in all cases where pathology is suspected or image quality is suboptimal**

## **Incidental Ovarian Cysts seen on CT and MR**

**Report to include.**

**Advise referrer to arrange a Pelvic Ultrasound**