

# OVARIAN CYSTS



SEEING HOW WE HAVE JUST PASSED THE MONTH OF June - a month dedicated to raising awareness about ovarian cancer - I thought it may be a good time to talk about ovarian cysts and the relationship they share with ovarian cancer.

An ovarian cyst is a collection of fluid surrounded by a thin wall within an ovary. While the majority of ovarian cysts are benign (i.e. non-cancerous) and will go away on their own, a small percentage of these cysts may eventually turn cancerous. In fact, more than 95 per cent of ovarian cancers first begin as ovarian cysts. This is why it is extremely important that, once a cyst is detected, the patient not ignore it but instead seek medical advice as soon as possible.

Ovarian cysts are usually accompanied by a variety of symptoms, including:

- weight loss
- distention of the abdomen
- abdominal pain/discomfort
- bloatedness
- sense of feeling full quickly; and
- a frequent need to pass urine

When these symptoms are presented to a gynaecologist, the doctor will usually perform a pelvic ultrasound to confirm if there is indeed a cyst. After all, these symptoms are in no way definitive and may be reflective of another underlying medical condition.

If however a cyst is discovered, most gynaecologists will then recommend that the ultrasound be repeated during the patient's next menstrual period. This is because most ovarian cysts are naturally shed, along with the uterine lining, during a woman's period. If the cyst can still be seen during this second ultrasound, then it is known as a persistent cyst and is at an increased risk of becoming cancerous.

While there are several methods a gynaecologist may use to determine the cancer risk of a persistent cyst (and therefore decide if surgery to remove the cyst is required), I would always advise my patients to opt for an OvPlex test. As the world's first and only early detection test for ovarian cancer, OvPlex also has the advantage of being a simple, non-invasive procedure that allows the attending doctor to determine with a high degree of accuracy if the persistent cyst is cancerous.

Should the tests return and show that there is a high chance of the cyst being cancerous, the attending doctor would then usually advise that the patient opt for a removal of the cyst through laparoscopic surgery. Once removed, it is then immediately sent to the laboratory for further testing to confirm whether the cyst was cancerous and to determine if additional surgery needs to be performed. ■

