

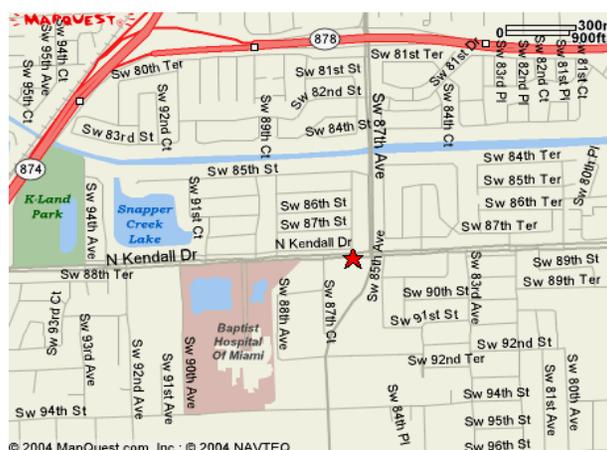
Dr. Whitted is dedicated to safe, state-of-the-art, innovative surgeries and healthy lifestyles for women of all ages. In a nurturing environment, the physicians and staff strive to promote a partnership in your healthcare and make every effort to bridge the sterile science of diseases with your emotional, physical, and spiritual needs. Everyone is confronted with difficult healthcare decisions at one time or another. You'll want your physician and staff to have the knowledge, experience, and sensitivity to guide you safely through the decision-making process.

Dr. Whitted provides comprehensive gynecologic office and surgical healthcare. He is certified in laparoscopy and hysteroscopy and is an expert in advanced gynecologic surgery. He has been a national speaker, trainer, and researcher in advanced surgical techniques. In addition, Doctor Whitted is a Certified Menopause Clinician who educates, trains, and has done research in the science of menopause. Finally, he is certified in advanced colposcopy.

Doctor Whitted offers expert education and care in the following areas:

- Abnormal Paps (HPV)**
 - Abnormal Menstrual Cycles**
 - Bladder Prolapse**
 - Chronic Pelvic Pain**
 - Endometriosis**
 - Ectopic Pregnancy**
 - Family Planning**
 - Fibroids (Leiomyoma)**
 - Loss of Urine**
 - Menopause**
 - Ovarian cysts**
 - Osteoporosis**
 - Rectocele**
 - Uterine Prolapse**
 - Vaginal Prolapse**
 - Well-Woman Visits**
- ***Evaluation and Diagnosis of Gynecologic Cancers**

If you need surgery, Dr. Whitted performs most gynecologic surgeries with minimally invasive techniques to reduce hospitalization, recovery, scarring, discomfort and absence from work in most cases.



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R. Wayne Whitted MD, MPH

8740 North Kendall Dr.
Suite 101
Miami, Florida 33176-2212

Phone: 305-596-3744
Fax: 305-596-3676

www.drwhitted.net



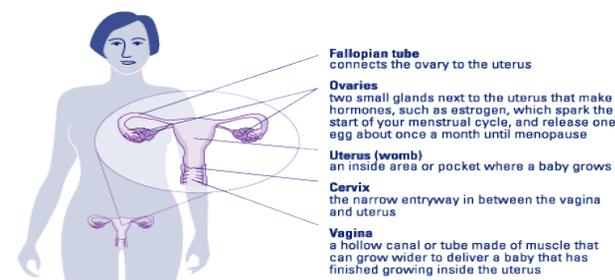
Raymond Wayne Whitted MD, MPH

...dedicated to healthy lifestyles and safe, state-of-the-art surgery for women of all ages.

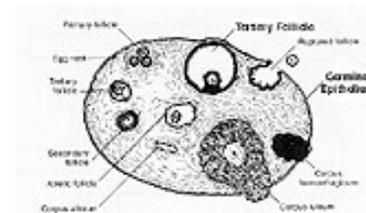
Ovarian Cysts

www.4woman.gov

The ovaries are a pair of organs in the female reproductive system. They are located in the pelvis, one on each side of the uterus, which is the hollow, pear-shaped organ where a baby grows. Each



ovary is about the size and shape of an almond. The ovaries produce eggs and female hormones. Hormones are chemicals that control the way certain cells or organs function.



Every month, during the menstrual cycle, an egg is released from one ovary in a process called ovulation. The egg travels from the ovary through the fallopian tube to the uterus. The ovaries are also the main source of the female hormones estrogen and progesterone. These hormones influence the development of a woman's breasts, body shape, and body hair. They also regulate the menstrual cycle and pregnancy.

...dedicated to healthy lifestyles and safe, state-of-the-art, innovative surgery for women of all ages

What are ovarian cysts?

A cyst is a fluid-filled sac, and can be located anywhere in the body. On the ovary, different types of cysts can form. The most common type of ovarian cyst is called a **functional cyst**, which often forms during the normal menstrual cycle. Each month, a woman's ovaries grow tiny cysts that hold the eggs. When an egg is mature, the sac breaks open to release the egg, so it can travel through the fallopian tube for fertilization. Then the sac dissolves. In one type of functional cyst, called a follicular cyst, the sac doesn't break open to release the egg and may continue to grow. This type of cyst usually disappears within one to three months. A corpus luteum cyst, another type of functional cyst, forms if the sac doesn't dissolve. Instead, the sac seals off after the egg is released. Fluid then builds up inside of it. This type of cyst usually goes away on its own after a few weeks. However, it can grow to almost four inches and may bleed or twist the ovary and cause pain. Clomid or Serophene, which are drugs used to induce ovulation, can raise the risk of getting this type of cyst. These cysts are almost never associated with cancer.

Benign Non-Functional Ovarian Cysts

- **Endometriomas:** These cysts develop in women who have endometriosis, when tissue from the lining of the uterus grows outside of the uterus. The tissue may attach to the ovary and form a growth. These cysts can be painful during sexual intercourse and during menstruation.
- **Cystadenomas:** These cysts develop from cells on the outer surface of the ovary. They are often filled with a watery fluid or thick, sticky gel. They can become large and cause pain.
- **Dermoid Cysts:** The cells in the ovary are able to make hair, teeth, and other growing tissues that become a cysts. These cysts can become large and twist causing pain.

Polycystic Ovaries: The eggs mature within the follicles, or sacs, but the sac doesn't break open to release the egg. The cycle repeats, follicles continue to grow inside the ovary, and cysts form.

What are the symptoms of ovarian cysts?

Many women have ovarian cysts without having symptoms. Sometimes, though, a cyst will cause these problems:

- Pressure, fullness, or pain in the abdomen
- Dull ache in the lower back and thighs
- Problems passing urine completely
- Pain during sexual intercourse
- Weight gain
- Painful menstrual periods and abnormal bleeding
- Nausea or vomiting
- Breast tenderness

How are ovarian cysts found?

Since ovarian cysts may not cause symptoms, they are usually found during a routine pelvic exam. Once a cyst is found, the doctor may perform an ultrasound, which uses sound waves to create images of the ovary. With an ultrasound, the doctor can see how the cyst is shaped; its size and location; and whether it's fluid-filled, solid, or mixed. Occasionally other tests are done which may include a Cat Scan, MRI, blood work.

To find out if the cyst might be cancerous, your doctor may do a blood test to measure the CA-125. The amount of this protein is sometimes higher in women with ovarian cancer. However, some ovarian cancers do not make enough CA-125 to be detected by the test. There are also non-cancerous diseases that increase the levels of CA-125. These include: fibroids, endometriosis, menstruation, other abdominal disease. The CA-125 test is recommended mostly for women who are at high risk for ovarian cancer (a close relative with the disease), or who have a cyst that has characteristics suggestive of malignancy.

How are cysts treated?

Watchful Waiting: The patient waits and gets re-examined in 2-3 months to see if the cyst has changed. Often this is used in conjunction with Birth Control Pill Suppression.

Surgery: If the cyst doesn't go away after 2-3 months, has gotten larger, looks unusual on the ultrasound, causes pain, or you're postmenopausal, the doctor may want to remove it. There are 2 ways to perform this operation.

- **Laparoscopy** Small incisions are made in the belly button and lower abdomen (4 incisions usually). The cyst or ovary is removed depending on certain circumstances. Discuss this with your doctor.
- **Laparotomy:** is reserved for known cancerous cysts or if the cyst is extremely large. If the cyst is cancerous, the doctor may need to remove the ovary and other tissues like the uterus and lymph nodes.

Birth Control Pills: For women who frequently develop painful functional cysts birth control pills may be used to prevent ovulation. This will reduce the chances of forming new cysts.

Can Ovarian Cysts be Prevented?

Ovarian cysts cannot be prevented. Fortunately, the vast majority of cysts don't cause symptoms and are not related to cancer, and go away on their own.

When are women most like to have ovarian cysts?

Functional ovarian cysts usually occur during the childbearing years. Most often, cysts in women of this age group are not cancerous. Menopausal women (ages > 50) with ovarian cysts may have a higher risk of ovarian cancer. At any age, if you think you have a cyst, it is important to tell your doctor.