

Adnexal Mass Referral

Diagnosis/Definition

- A fluid-filled sac or mass in the adnexa, ovary, or pelvis found by physical examination or incidentally during diagnostic imaging studies (ultrasound, MRI).
- May be cystic or solid and occur in any age group.

Specialty Care Referral

To be completed prior to placing referral:

- Complete women's health exam
- Confirm that cervical cancer screening is up to date. If not, obtain pap smear
- Provide comprehensive cervical screening history
- Please note patient's menopausal status and result of BHCG.
- Imaging (pelvic ultrasound, trans abdominal/vaginal) if not previously performed.

Indications for Referral

- Persistent masses (> 2-3 menstrual cycles) in reproductive aged women, lesions exceeding 7 cm, fixed masses or masses with solid components whether or not symptomatic.
(Please see the Management of Asymptomatic Adnexal Cysts guideline for details on different type of cysts: simple, hemorrhagic, dermoid, endometrioma, hemorrhagic, etc)
- Pelvic pain
- Post-menopausal mass.
- Refer all patients with suspected abnormal pregnancy, malignancy and masses requiring surgical intervention.

Provider Information

- Women of reproductive age may have functional cysts. Functional cysts are less than 10 cm. in size, not fixed to other pelvic structures and have no solid components noted on imaging. They rarely occur in women using oral contraceptives, so these women may be referred sooner.

- It is reasonable to observe suspected functional cysts for 2-3 menstrual cycles and repeat imaging to assess interval changes before referral because there is a high rate of spontaneous resolution.

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