Adnexectomy — laparoscopy

01 What is it?

It is an operation on the ovary or on the fallopian tube, performed by laparoscopy (keyhole surgery).

This sheet, given to you by Dr Gatri, is intended to complement the explanations provided during your consultation. Do not hesitate to ask her if you have any questions.

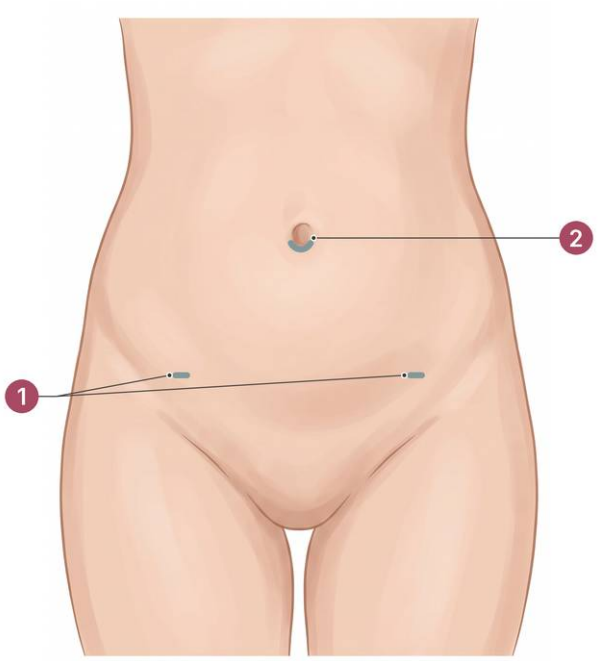


FIGURE 1 — The incisions for laparoscopy (diagram, front view).

1. Instruments: 2 or 3 incisions of 5 to 12 mm in the lower abdomen
2. Optical instrument: small incision, most often at the navel

Front view: the right of the image is the patient's left side.

Diagram Wagram Clinic, 2026.

Adnexectomy: removal of the ovary and the fallopian tube on the same side (the "adnexa").

02 Why this procedure?

It may be proposed to treat various conditions of the ovary, in particular cysts, or in the case of a genetic predisposition to ovarian cancer. The type of operation depends on your personal circumstances and is discussed with your surgeon before the operation.

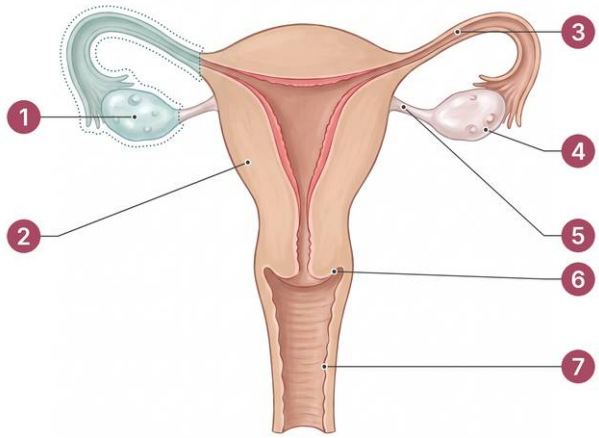


FIGURE 2 — Adnexectomy (diagram, front view).

1. Adnexectomy: removal of the ovary and the fallopian tube on the same side (the "adnexa").
2. Uterus
3. Fallopian tube
4. Ovary
5. Ovarian ligament
6. Cervix
7. Vagina

In blue-green, outlined with dots: the part removed during the operation.

Front view: the right of the image is the patient's left side.

Diagram Wagram Clinic, 2026.

03 How does the procedure take place?

The operation takes place at the Clinique de la Muette, under general anaesthetic. An optical instrument a few millimetres in diameter is inserted through a small incision, most often at the navel; two or three other incisions of 5 to 12 mm in the lower abdomen allow the

instruments to pass through; the abdomen is inflated with carbon dioxide gas.

In the event of operative difficulties, particular anatomical findings or complications, the surgeon may have to open the abdomen through an appropriate incision (open surgery, laparotomy). The organs or tissues removed are sent for analysis.

The operation lasts about 1 hour 30 minutes.

You go home the same day (day surgery).

04 What the procedure does not guarantee

The result of the analysis may change the next steps of your care; it is given to you at the follow-up consultation.

05 Risks and complications

During the operation, very exceptionally, serious injuries to the internal organs of the abdomen (bowel, blood vessels, urinary tract) may occur and require, during the same operation, opening of the abdomen and, in some cases, a blood transfusion.

Afterwards, abdominal pain is to be expected; it may spread to the shoulders and back and is caused by the gas introduced into the abdomen, which clears in two to three days. Nausea, vomiting and drowsiness related to the anaesthetic are also to be expected. More rarely, a haematoma or an infection (abscess) may occur at a scar; phlebitis or pulmonary embolism is exceptional.

If both adnexa are removed before the menopause, the operation causes an immediate and permanent menopause: hot flushes, night sweats, vaginal dryness and pain during intercourse; in the longer term and without treatment, bone demineralisation and an increased risk of cardiovascular disease. Hormone replacement therapy will be offered to you, at least until the average age of natural menopause; lubricants can also compensate for the dryness.

After removal of both adnexa, a natural pregnancy is no longer possible.

As with any surgery, this operation may very exceptionally carry a life-threatening risk or serious after-effects.

06 Alternatives

- Doing nothing, or monitoring: for a simple ovarian cyst (a single pocket, containing fluid) smaller than 10 cm, without symptoms, not intervening is possible if you have no history of cancer; for a small dermoid cyst (less than 4 to 6 cm) without symptoms, not operating is an option, generally with monitoring once a year.

07 Contraindications

Certain risks may be increased by your condition, your medical history or by treatment taken before the operation. It is essential to inform the doctor of your medical history (personal and family) and of all the treatments and medicines you take, as well as any allergies.

Smoking increases the risk of complications of any surgery; stopping 6 to 8 weeks before the operation removes this additional risk.

08 Before the procedure

The pre-anaesthetic consultation is compulsory, at least 48 hours before the operation.

You will be admitted the same morning. After premedication, you will be taken to the operating theatre; a drip will be set up, and then the anaesthetic will be given. A gynaecological examination is carried out under anaesthetic before the endoscopes are inserted.

If you smoke, do not smoke from the day before, and talk to the surgeon and the anaesthetist about it.

If you are planning a pregnancy, say so: preserving an ovary and preserving fertility are discussed before the operation.

09 After the procedure and your instructions

You will spend time in the recovery room, under observation, before returning to your room or your bay in the day-surgery unit.

You may shower from the following day.

A follow-up consultation generally takes place within three to four weeks, to assess healing and to give you the results of the analysis. Until this consultation, baths, sexual intercourse and carrying loads of more than 5 kg are not allowed.

Time off work is 7 to 28 days depending on the type of activity, and may be extended in the event of a complication. Its length is prescribed by your doctor.

10 When to seek medical advice without delay

After you return home, if pain, bleeding, vomiting, fever, a purulent or foul-smelling discharge from a scar, burning when passing urine, pain in the calves, difficulty breathing or any other abnormality occurs, it is essential to inform your doctor, day or night.

11 Your questions for Dr Gatri

This information sheet probably cannot answer all your questions. In any case, do not hesitate to ask your doctor any question that comes to mind, either orally or in writing.