Adnexectomy — open surgery (laparotomy)

01 What is it?

It is an operation on the ovary or on the fallopian tube, performed through an opening in the abdomen (open surgery, laparotomy), using an incision suited to what needs to be done.

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.

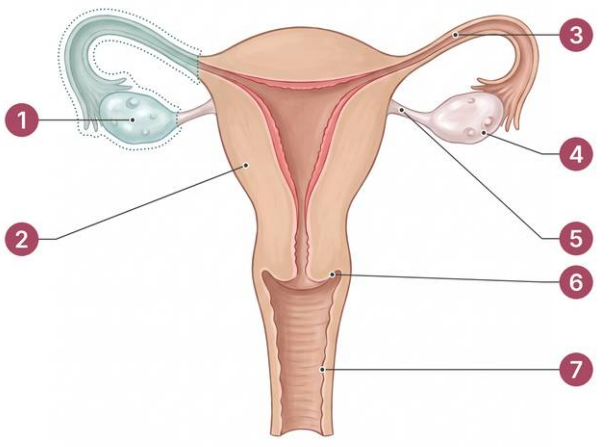


FIGURE 1 — Adnexectomy (diagram, front view).

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.

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

02 Why this procedure?

Open surgery is the approach chosen in your case; the operation chosen and the reason for it are explained to you during the consultation.

03 How does the procedure take place?

The operation takes place at the Clinique de la Muette, under general anaesthetic. Once started, the operation may have to be extended: removal of both ovaries. The organs or tissues removed are sent for analysis. The operation lasts about 1 hour 30 minutes. Your hospital stay is 1 day; your surgeon will confirm this according to your case.

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 by the surgeon at the follow-up consultation.

05 Risks and complications

During the operation, an injury to a neighbouring organ (bowel, bladder, ureter) or to a blood vessel may rarely occur; it may require immediate repair and, in some cases, a blood transfusion.

Afterwards, pain at the scar and tiredness during the first few days are to be expected. Bowel function may be slowed for a few days, which is uncomfortable and temporary. More rarely, a

haematoma or an infection of the scar, phlebitis or pulmonary embolism may occur.

Later on, an incisional hernia may appear: this is a weakness of the abdominal wall at the scar, which may require another operation.

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

A pre-anaesthetic consultation is always carried out; except in urgent cases, it takes place 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 operation.

If you smoke, 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 before returning to your room.

You may shower as soon as you are able to stand. If the wound gets wet, dry it with a dry disposable cloth.

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; avoiding heavy loads protects the strength of the scar.

Time off work of about four weeks is useful; for physical work involving carrying heavy loads, three to six weeks of rest are needed. 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 the 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.