Endometriosis surgery — open surgery (laparotomy)

01 What is it?

Endometriosis is the presence, outside the uterus, of tissue similar to the lining of the uterus. The operation you have been offered consists of destroying and/or removing these lesions.

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

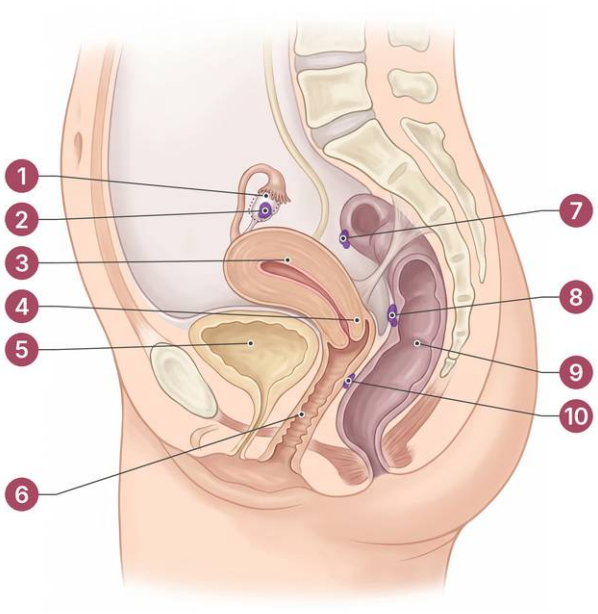


FIGURE 1 — Endometriosis: lesions outside the uterus (diagram, side view).

1. Ovary
2. Ovary affected (endometrioma)
3. Uterus
4. Cervix
5. Bladder
6. Vagina
7. Colon
8. Deep disease: rectum
9. Rectum
10. Rectovaginal septum

In purple: the endometriosis lesions.

Outlined with dots: the ovary, which lies at the side of the pelvis, outside the plane of the drawing.

Side view: the belly is on the left of the image, the back on the right.

Diagram Wagram Clinic, 2026.

In open surgery (laparotomy), the abdomen is opened through a suitable incision.

02 Why this procedure?

Surgery for minimal to mild pelvic endometriosis reduces pain in the short and medium term. When endometriosis is deep and affects the rectum or the colon, surgery reduces the intensity of gynaecological, digestive and general symptoms and improves quality of life. The lesions found during the operation are treated completely: incomplete surgery, leaving a bowel lesion in place, increases the rate of recurrence of pain and lowers the pregnancy rate.

03 How does the procedure take place?

The operation takes place at the Clinique de la Muette, under general anaesthetic. It lasts about 2 hours.

You stay in hospital for 2 days; your surgeon will confirm this for your particular case.

The operation may change once it has begun. The operation changes if a deep lesion of the rectovaginal septum is found or treated.

04 What the procedure does not guarantee

Surgery does not cure endometriosis permanently: the pain may come back. Hormonal treatment after the operation will be offered to you to reduce this risk. No result regarding fertility is guaranteed.

05 Risks and complications

During the operation, very exceptionally, serious injury to an internal organ (bowel, blood vessel, urinary tract) may occur. It may require, in some cases, a blood transfusion.

Nausea, vomiting or drowsiness related to the anaesthetic are common.

A haematoma or an infection of a scar is rare. Phlebitis or a pulmonary embolism is exceptional.

When the disease is deep (rectum, colon, rectovaginal septum), surgery carries a risk of serious complications after the operation, in particular a rectovaginal fistula, the risk of which increases when the lesion is low. A temporary bowel diversion (ileostomy or colostomy) may then be needed; this possibility is discussed with you before the operation.

Difficulty passing urine may appear after surgery for deep endometriosis; techniques that preserve the pelvic nerves improve urinary function.

If an ovary is affected (endometrioma), surgery may reduce the ovarian reserve, all the more so if it is on both sides or repeated.

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

06 Alternatives

Hormonal treatment is recommended as the first-line treatment for endometriosis pain: combined oestrogen-progestogen contraception, or a levonorgestrel intrauterine device. If this is not enough, progestogens or an injection to rest the ovaries may be offered. If you cannot become pregnant, assisted reproduction is possible without prior surgery.

Not operating remains an option: the decision is made with you, depending on how much discomfort you have and on what you expect from the treatment.

07 Contraindications

Certain risks may be increased by your condition, your medical history or by a treatment taken before the operation. It is essential to tell your doctor about your history (personal and family) and about all the treatments and medicines you take. Also tell them about 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 an emergency, it takes place at least 48 hours before the operation.

After premedication, you will be taken to the operating theatre; a drip will be set up and the anaesthetic then given. A gynaecological examination is carried out under anaesthetic before the operation.

If you are planning a pregnancy, fertility preservation is discussed before the operation: it involves freezing eggs in an approved assisted-reproduction centre.

09 After the procedure and your instructions

- You will spend time in the recovery room, then return to your room.
- Showers are possible from the day after the operation; wait a week before taking a bath.
- After the abdomen has been opened, Dr Gatri will tell you when you can start carrying heavy loads again.
- The follow-up consultation takes place 3 to 4 weeks after the operation.
- The length of your time off work is prescribed by Dr Gatri.

10 When to seek medical advice without delay

Once you are home, if pain, bleeding, vomiting, fever, discharge from a scar, difficulty passing urine or any other abnormality appears, you must inform your doctor, at any time of the 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.