Ovarian cystectomy — laparoscopy

01 What is it?

It is an operation on the ovary, 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.

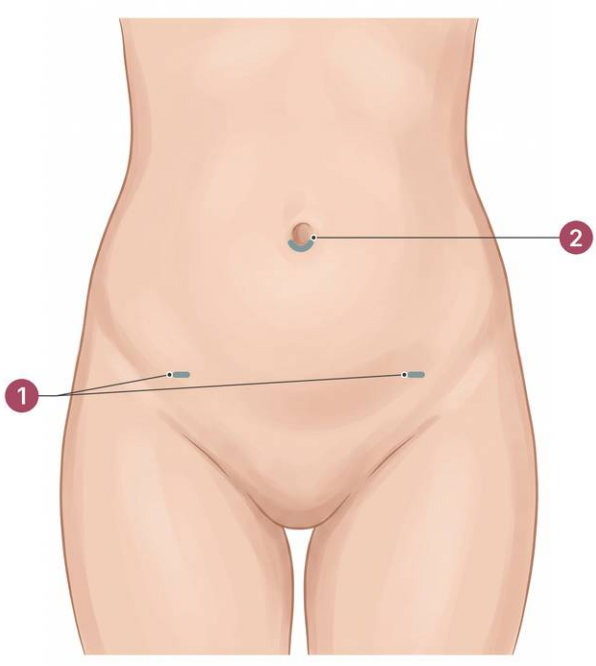


FIGURE 1 — The incisions for laparoscopy (diagram, front view).

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.

Ovarian cystectomy: removal of the cyst, keeping the ovary.

02 Why this procedure?

It is proposed depending on the nature and size of the cyst, and on what it causes: a cyst that causes symptoms, such as pain, a large cyst, or a cyst that changes during monitoring. The operation chosen and the reason for it are explained to you at the consultation.

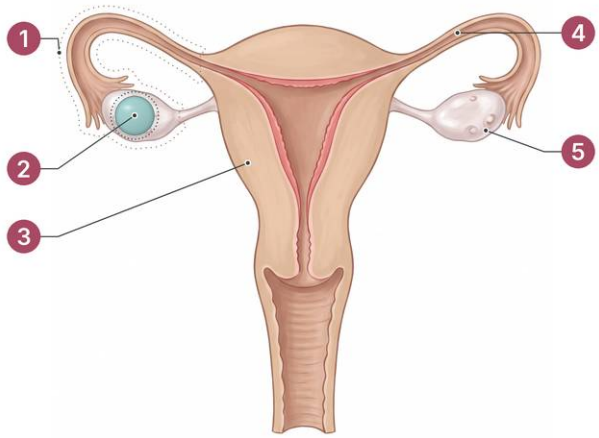


FIGURE 2 — Ovarian cystectomy (diagram, front view).

1. Light dots: the adnexa (ovary and tube). Once started, the operation may have to be extended to removal of the adnexa.
2. Ovarian cystectomy: removal of the cyst, keeping the ovary.
3. Uterus
4. Fallopian tube
5. Ovary

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 of a few millimetres 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; the abdomen is inflated with carbon dioxide.

Once started, the operation may have to be extended: partial removal or removal of the ovary, removal of the adnexa (ovary and tube). In the event of operative difficulty, particular anatomical findings or complications, the surgeon may have to open the abdomen through an appropriate incision: open surgery (laparotomy). The organs or tissue removed are sent for analysis.

The operation lasts about 1 hour.

Your hospital stay is 1 day.

04 What the procedure does not guarantee

Removing a cyst guarantees neither that it will not come back nor that your fertility will be preserved. The result of the analysis may change the rest of your care; it is given to you at the follow-up consultation.

05 Risks and complications

During the operation, very exceptionally, serious injury 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, pain in the abdomen is to be expected; it may spread to the shoulders and back and is caused by the gas introduced, 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.

Removing a cyst may reduce the ovarian reserve, that is, the stock of eggs remaining, all the more so if the surgery 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

- Doing nothing, or monitoring: for a simple ovarian cyst (a single pocket, containing fluid) of less than 10 cm, without symptoms, not operating 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, usually with monitoring once a year.

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 the doctor about your medical history (personal and family) and about 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 mandatory, 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, then the anaesthetic given. A gynaecological examination is carried out under anaesthesia before the endoscopes are inserted.

If you smoke, stop from the day before and talk to the surgeon and the anaesthetist.

If you are planning a pregnancy, say so: keeping 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.

Showers are possible from the day after the operation.

A follow-up consultation usually takes place within three to four weeks, to assess healing and 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 work, 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 appears, you must 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.