Ovarian cystectomy — open surgery (laparotomy)

01 What is it?

It is an operation on the ovary, performed through an opening in the abdomen, that is, 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.

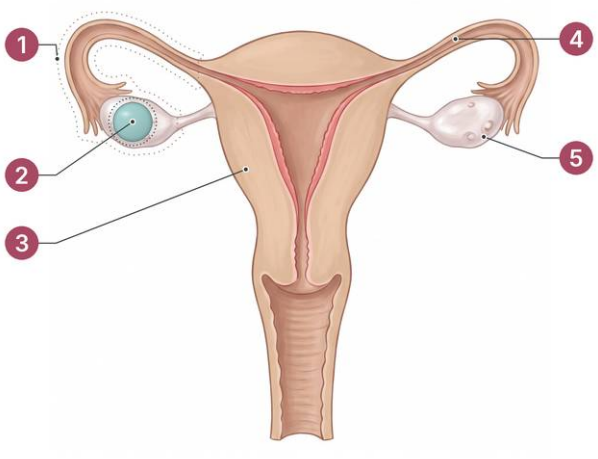


FIGURE 1 — Ovarian cystectomy (diagram, front view).

1. Light dots: the adnexa (ovary and tube). Once started, the operation may have to be extended to removal of the adnexa, or of both ovaries.
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.

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

02 Why this procedure?

Open surgery is chosen in your case; the operation chosen and the reason for it are explained to you at 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: partial removal or removal of the ovary, removal of the adnexa (ovary and tube), or removal of both ovaries. The organs or tissue removed are sent for analysis. The operation lasts about 1 hour 30 minutes. Your hospital stay is 1 day; your surgeon will confirm this depending on your case.

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; the surgeon gives it to you at the follow-up consultation.

05 Risks and complications

During the operation, 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 in the first few days are to be expected. Bowel movements 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 further surgery.

Removing a cyst may reduce the ovarian reserve, that is, the stock of eggs remaining, especially for an endometriosis cyst, and all the more so if both ovaries are operated on or in the event of further surgery.

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

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, then the anaesthetic given. A gynaecological examination is carried out under anaesthesia before the operation.

If you smoke, 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.

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

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; avoiding heavy loads protects the strength of the scar.

Time off work of about four weeks is useful; for physical work involving heavy lifting, three to six weeks of rest are necessary. 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 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.