Ovarian cystectomy — vaginal approach (vNOTES)

01 What is it?

Ovarian cystectomy is the removal of a cyst, or of several cysts, from the ovary.

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.

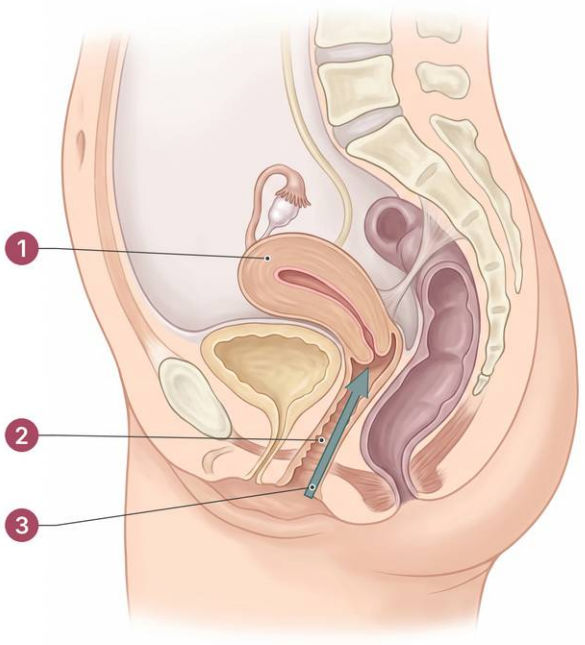


FIGURE 1 — The vaginal route (vNOTES technique): through the natural passages, with no incision of the skin (diagram, side view).

1. Uterus
2. Vagina
3. It is performed by the vaginal route, using the vNOTES technique (short for vaginal natural orifice transluminal endoscopic surgery): the operation is carried out through the natural passages, with no incision of the skin.

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

Diagram Wagram Clinic, 2026.

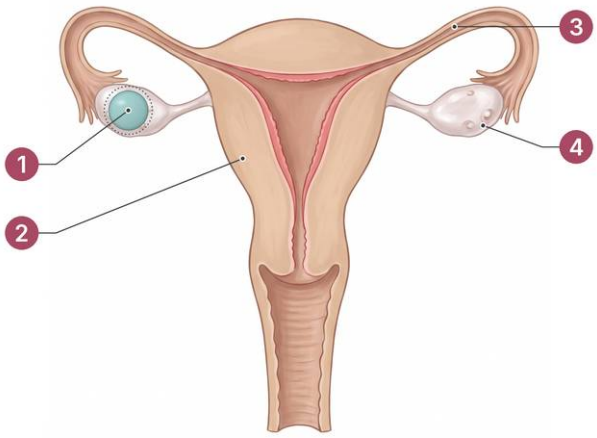


FIGURE 2 — Ovarian cystectomy: the removal of a cyst, or of several cysts, from the ovary (diagram, front view).

1. Ovarian cystectomy: removal of a cyst (as here) or of several cysts from the ovary.
2. Uterus
3. Fallopian tube
4. 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.

It is performed by the vaginal route, using the vNOTES technique (short for vaginal natural orifice transluminal endoscopic surgery): the operation is carried out through the natural passages, with no incision of the skin. There is no scar on the abdomen, and pain after the operation is generally mild.

This sheet is based on a patient information sheet of the CNGOF and the SCGP (2024), adapted to the practice of the clinic.

02 Why this procedure?

It may be recommended to treat one or more cysts of the ovary.

The type of operation depends on your personal circumstances; it is discussed with your surgeon before the operation.

03 How does the procedure take place?

The operation is performed under general or regional anaesthesia, depending on the case.

The surgeon inserts, through the vagina, a device through which the instruments usually used in laparoscopy (keyhole surgery) are passed; the operation is thus carried out under laparoscopic guidance.

As in any gynaecological surgery, it may be necessary to perform a vaginal or rectal examination, or to inject a blue dye into the uterus, the bladder or the rectum: this is the dye test, which makes it possible to see the tubes or to look for an injury to the bladder or the rectum. A manipulator may also be placed in the uterus to move it.

The length of the operation depends on the complexity of the surgery: it may range from 30 minutes to several hours.

04 What the procedure does not guarantee

The vaginal route is the one planned, but it may be changed according to what is found during the operation: opening the abdomen may sometimes prove necessary.

The results of the operation are given to you at the post-operative visit.

05 Risks and complications

As with any surgical procedure, there are risks: heavy bleeding, infection, injury to neighbouring organs, reactions to the anaesthetic.

Bleeding may occur during the operation and may require blood vessels to be tied off.

In exceptional cases, an injury to the bowel, the urinary tract (bladder, ureter) or blood vessels may occur during the operation; it then requires specific surgical management.

In the exceptional case of life-threatening haemorrhage, a transfusion of blood or blood products may be necessary.

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

06 Alternatives

The type of operation depends on your personal circumstances; it is discussed with your surgeon before the operation.

The other possibilities, including doing nothing, are to be discussed with Dr Gatri at the consultation.

07 Contraindications

Certain risks may be increased by your condition, your medical history or a treatment taken before the operation.

It is essential to inform the doctor of your personal and family medical history, and of all the treatments and medicines you take.

08 Before the procedure

A pre-anaesthetic consultation is compulsory before any operation. Except in urgent cases, it takes place at least 48 hours before the operation.

09 After the procedure and your instructions

You will spend time in the recovery room before returning to your room.

Most often, you go home the same day (day surgery); a conventional hospital stay is sometimes necessary.

In some cases, a urinary catheter or a vaginal pack may be left in place for a short time.

You may shower from the day after the operation. For a bath, wait until the stitches have fallen out.

A post-operative visit generally takes place within 3 to 4 weeks, to assess healing and to give you the results of the operation. Until this visit, carrying loads of more than 5 kg, baths and sexual intercourse are not allowed. Wait for this visit before resuming completely normal activity: the surgeon will then tell you when to resume your usual activities.

Depending on the type of work you do, 7 to 28 days off work are necessary; this may be extended in the event of a complication.

10 When to seek medical advice without delay

After you return home, if pain, bleeding, vomiting, fever or a purulent or foul-smelling discharge occurs, contact the surgical team.

Abnormal or foul-smelling vaginal bleeding, or a high fever, may be a sign of an infection or an infected haematoma: consult your surgeon. Do the same if you have nausea or vomiting with a fever.

Burning when passing urine or a frequent need to pass urine may be due to a urinary infection: see your GP, who will arrange a urine test.

Pain in the calves or difficulty breathing: call your GP promptly.

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.