Salpingectomy — vaginal approach (vNOTES)

01 What is it?

The term "adnexa" refers to the ovaries and the fallopian tubes.

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.

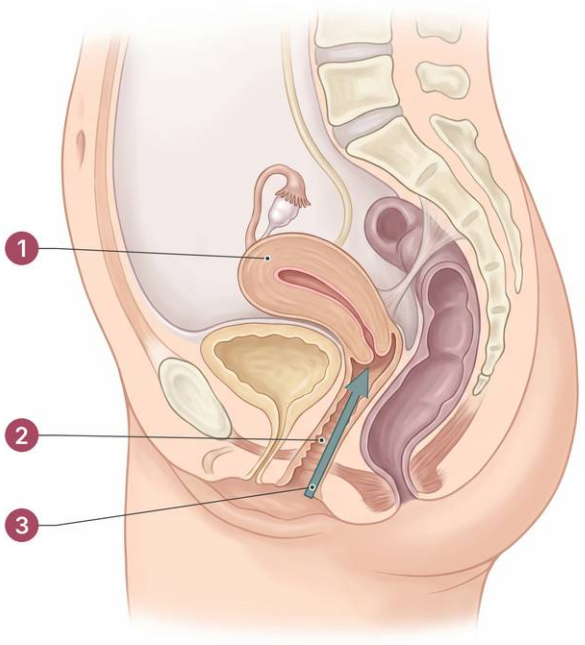


FIGURE 1 — The vNOTES route: through the natural passages, through the vagina (diagram, side view).

1. Uterus
2. Vagina
3. By the vNOTES route (short for vaginal natural orifice transluminal endoscopic surgery), the operation is carried out through the natural passages, through the vagina.

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

Diagram Wagram Clinic, 2026.

Salpingectomy (removal of the fallopian tube) is the removal of one tube (unilateral salpingectomy) or of both tubes (bilateral salpingectomy), leaving the ovaries in place.

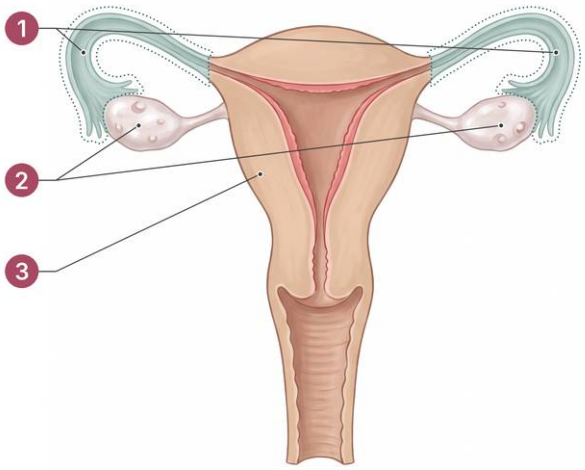


FIGURE 2 — Salpingectomy: the removal of one tube or of both tubes, leaving the ovaries in place (diagram, front view).

1. Bilateral salpingectomy: removal of both tubes (as here); unilateral: removal of one tube.
2. The ovaries are left in place.
3. Uterus

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.

By the vNOTES route (short for vaginal natural orifice transluminal endoscopic surgery), the operation is carried out through the natural passages, through the vagina. It involves no incision of the skin: there is no scar on the abdomen. The opening made is similar to that of a vaginal hysterectomy.

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?

Removing one or both tubes may be recommended to treat various conditions.

The type of procedure 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.

During the operation, 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 clearly or to check that there is no 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 procedure: it may range from 30 minutes to several hours.

04 What the procedure does not guarantee

The approach may be changed during the operation, according to what the surgeon finds: opening the abdomen may sometimes prove necessary although the operation was planned by the vaginal route.

The results of the operation are given to you at the follow-up consultation.

05 Risks and complications

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

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

In exceptional cases, a neighbouring organ may be injured during the operation: the bowel, the urinary tract (bladder, ureter) or blood vessels. This then requires specific surgical management.

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

In some cases, a urinary catheter or a vaginal pack, or both, may be put in place for a while.

Pain after the operation is generally mild.

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

06 Alternatives

The choice of procedure depends on your personal circumstances and is discussed with your surgeon before the operation.

Do not hesitate to ask Dr Gatri whether there are other possibilities in your situation, including doing nothing.

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 you go to the operating theatre.

09 After the procedure and your instructions

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

In the majority of cases, you go home the same day (day surgery); a conventional hospital stay is sometimes necessary.

You may shower from the day after the operation. Before taking a bath, it is recommended to wait until the stitches have fallen out.

A follow-up consultation generally takes place within three to four weeks, to assess healing and to give you the results of the operation. Until this consultation, carrying loads of more than 5 kg, baths and sexual intercourse are not allowed.

It is recommended to wait for this consultation 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, contact the surgical team in the event of pain, bleeding, vomiting, fever or a purulent or foul-smelling discharge.

Abnormal or foul-smelling vaginal bleeding, or a high temperature, 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 to have your urine tested.

Pain in the calves or difficulty breathing means you should 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.