Tubal sterilisation — vaginal approach (vNOTES)

01 What is it?

Voluntary sterilisation is a surgical operation on the fallopian tubes to make them no longer open: sperm can no longer travel towards the ovaries, and so can no longer meet the egg.

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.

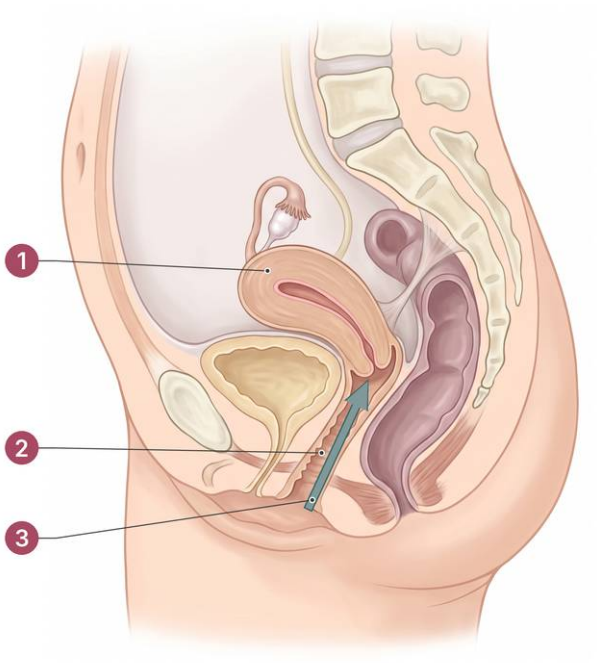


FIGURE 1 — The vaginal route (vNOTES technique): through the vagina, with no incision of the skin of the abdomen (diagram, side view).

1. Uterus
2. Vagina
3. By the vaginal route (vNOTES technique, short for vaginal natural orifice transluminal endoscopic surgery), the operation is carried out through the vagina, with no incision of the skin of the abdomen.

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

Diagram Wagram Clinic, 2026.

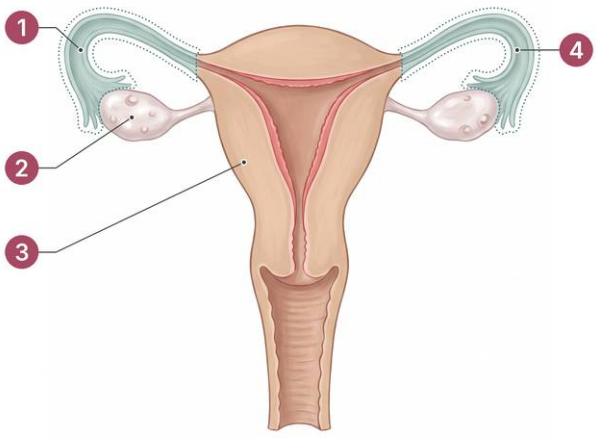


FIGURE 2 — Bilateral salpingectomy: the removal of both tubes (diagram, front view).

1. Bilateral salpingectomy: the removal of both tubes.
2. Ovary
3. Uterus
4. Total (both entire tubes, as here) or partial (a segment of each tube).

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.

The procedure may be a bilateral salpingectomy: the removal of both tubes. It may be total (both entire tubes) or partial (a segment of each tube); the contraceptive effectiveness is the same, and the choice is your surgeon's. Some surgeons use clips or coagulate and divide the tubes.

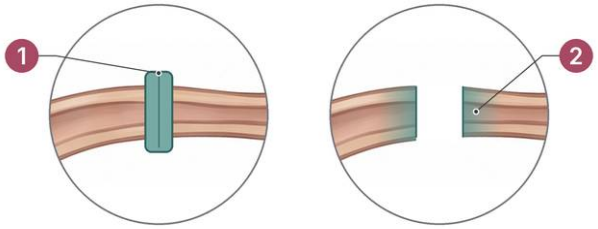


FIGURE 3 — Some surgeons use clips or coagulate and divide the tubes (diagram, close-up).

1. Clip on the tube
2. Tube coagulated and divided

Close-up of a segment of fallopian tube. In blue-green: the clip, and the coagulated ends of the tube.

Diagram Wagram Clinic, 2026.

By the vaginal route (vNOTES technique, short for vaginal natural orifice transluminal endoscopic surgery), the operation is carried out through the vagina, with no incision of the skin of the abdomen.

It is a permanent and irreversible operation: a natural pregnancy is no longer possible afterwards.

This sheet is based on the patient information sheet of the CNGOF and the SCGP "Stérilisation volontaire à visée contraceptive" (2024), adapted to the practice of the clinic.

02 Why this procedure?

It gives you immediate, non-hormonal contraception, with no effect on your menstrual cycle, your libido or your hormonal balance.

The contraceptive effect is immediate: you can stop your contraception on the day of the operation.

03 How does the procedure take place?

The operation may be performed under general anaesthetic.

The surgeon opens the back wall of the vagina; this opening makes it possible to inflate the abdomen with gas and to insert the instruments. The technique is then the same as by laparoscopy (keyhole surgery): the tubes are coagulated and then divided, before being sent for analysis.

During the operation, your bladder may be emptied using a urinary catheter, which is removed before you wake up.

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. 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

If there is a difficulty, or depending on what the surgeon finds during the operation, the approach may be changed: opening the abdomen may prove necessary although the operation was planned by the vaginal route.

At the first consultation, you are given information on the risks of failure of the sterilisation and on its presumed irreversible nature.

05 Risks and complications

Apart from possible complications during or after the operation, this surgery has no side effects on your body, your cycles, your hormones or your daily life.

During the operation, the risks are very rare but do exist. They mainly concern the neighbouring organs: an injury to the bowel, the urinary tract (bladder, ureter) or blood vessels. In the event of heavy bleeding, a blood transfusion may be given. If a major complication occurs, the abdomen may be opened (open surgery).

A vaginal pack and a urinary catheter may be put in place for a while.

After the operation, a haematoma, bleeding inside the abdomen or at the scar, or an infection (abscess) may occur. A further hospital stay, or even a further operation, is sometimes

necessary; treatment is adapted case by case (antibiotics, transfusion, further operation).

Apart from the possible effects of the anaesthetic (nausea, drowsiness, vomiting), abdominal pain may occur in the following days, extending up to the shoulders: it is caused by the gas introduced during the operation.

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

06 Alternatives

At the first consultation, the doctor informs you about the various contraceptive methods suited to your situation, and about the sterilisation techniques proposed.

The choice of method is made after discussion and informed consultation with your surgeon.

You have the right to change your mind, without having to give a reason, up to the day of the operation.

07 Contraindications

You must be of legal age. It is not necessary to have had children. The operation can be performed at any age, but it serves no purpose after the menopause.

At the first consultation, you are informed of any contraindications.

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

The law requires a reflection period of 4 months between your first medical consultation and the confirmation of your choice, when you sign the consent form prior to the operation.

At the first consultation, you receive full information and a written information file.

On the day of the operation, your signed consent form and your written confirmation, signed at the end of the 4-month reflection period, must be in your file without fail.

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, under observation, before returning to your room or your bay in the day-surgery unit. The drip is removed and, with the agreement of the anaesthetist and the surgeon, you can go home.

In the majority of cases, you go home the same day (day surgery).

You are given a prescription for painkillers and, if needed, for nursing care.

You may shower from the day after the operation. Avoid baths and swimming for at least 15 days, so that healing takes place properly. Penetrative intercourse should be postponed for at least two weeks.

Until the follow-up consultation, avoid carrying loads of more than 5 kg.

Depending on your medical history, your conditions, or if the operation lasted longer than expected, your surgeon may prescribe anticoagulant injections for you, to prevent phlebitis or pulmonary embolism.

A follow-up consultation generally takes place within three to four weeks, to assess healing and to give you the results of the analysis of the tubes. It is recommended to wait for it 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, at least 7 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 from the vaginal scar.

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.