Adnexectomy or other procedures on the adnexa by the vaginal route (vNOTES)

This sheet, given to you by your gynaecological surgeon, is intended to complement the explanations provided during your consultation. Do not hesitate to ask if you have any questions.

What are the adnexa, and which procedures are performed by the vNOTES route?

The term “adnexa” refers to the ovaries and the fallopian tubes.

The procedures that can be performed by the vNOTES method are similar to the opening made during a vaginal hysterectomy. They are carried out through the natural passages and involve no skin incision.

There are different types of procedure:

- Adnexectomy: removal of one or both ovaries together with the tubes: unilateral adnexectomy (ovary and tube on one side only); bilateral adnexectomy (ovary and tube on both sides).
- Cystectomy: removal of one or more ovarian cysts.
- Salpingectomy (unilateral or bilateral): removal of one or both tubes, leaving the ovaries in place.
- Ovarian drilling: micro-perforation of the ovaries in certain indications of medically assisted reproduction.
- Treatment of an ectopic pregnancy, etc.

The type of procedure will depend on your personal circumstances and will be discussed with your surgeon before the operation.

Adnexectomy, and all these vNOTES procedures, are surgical procedures that consist of removing the ovaries, the fallopian tubes, a cyst, etc. through the vagina. This technique uses special instruments that are inserted through the vagina to perform the procedure. The vNOTES route means there is no scar on the abdomen. Post-operative pain is generally mild.

Why are ovaries or tubes removed?

This procedure may be recommended to treat various conditions of the ovary, such as fibromas or cysts, in the case of a genetic predisposition to ovarian cancer, or for ovarian drilling in the context of polycystic ovary syndrome. Permanent contraception can also be achieved by partial or total removal of the tubes.

How does the operation take place?

The vNOTES procedure may be performed under general or regional anaesthesia, depending on the case. The duration of the operation depends on the complexity of the procedure and may range from 30 minutes to several hours.

The surgeon inserts a device through the natural vaginal route, through which the instruments usually used in laparoscopy can be introduced, so that the operation can be carried out under laparoscopic guidance.

During these procedures, as in any gynaecological surgery, we may need to perform a vaginal or rectal examination, or inject a blue dye into the uterus, bladder or rectum: a dye test to visualise the tubes, or in case of suspected injury to the bladder or rectum. An intra-uterine manipulator may also be placed to move the uterus.

What type of hospital stay is proposed for this operation?

In the majority of cases this surgery is performed as day surgery, but it may sometimes require a conventional hospital stay.

Will I need time off work?

Depending on the type of work you do, 7 to 28 days off work will be necessary. In the event of a complication, the period off work may be extended.

Is there a post-operative visit? When can I resume my activities?

The post-operative visit generally takes place within 3 to 4 weeks, to assess healing and to give you the results of the operation. At that point, the surgeon will tell you when you can resume your usual activities.

Before this consultation, lifting heavy loads (over 5 kg), baths and sexual intercourse are not advised.

What are the risks and drawbacks?

As with any surgical procedure, there are risks associated with vNOTES procedures, such as excessive bleeding, infection, injury to neighbouring organs and reactions to the anaesthetic.

During the operation, the surgical approach may be changed according to the findings made during the procedure. Opening the abdomen (conversion to laparotomy) may sometimes prove necessary even though the operation was planned by the vaginal route. Bleeding may occur during the operation and may require blood vessels to be tied off.

During the operation, injury to neighbouring organs may occur in exceptional cases: injury to the bowel, the urinary tract (bladder, ureter) or blood vessels, requiring specific surgical management.

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

During these procedures, as in any gynaecological surgery, we may need to perform a vaginal or rectal examination, or inject a blue dye into the uterus, bladder or rectum. Finally, in some cases, a urinary catheter and/or a vaginal pack may be put in place temporarily.

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

In practice

Before the operation

- A pre-anaesthetic consultation must always be carried out before any operation.
- Except in urgent cases, this consultation takes place at least 48 hours before you go to the operating theatre.

After the operation

- You will spend time in the recovery room before returning to your room.
- You may shower from the day after the operation, but it is recommended to wait until the stitches have fallen out before bathing.

After discharge

- It is recommended to wait for the post-operative visit before resuming completely normal activity.

Signs that should prompt you to contact your surgeon

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

If you experience burning when passing urine, or if you pass urine frequently, this may be due to a urinary tract infection; you should therefore see your general practitioner (GP) for a bacteriological analysis of your urine.

Abnormal or foul-smelling vaginal bleeding, or a high temperature, may be caused by an infection or by a haematoma that may have become infected. In that case, you should see your surgeon so that this complication can be assessed. If you have nausea or vomiting together with an episode of fever, you should also see your surgeon. If pain in the calves or difficulty breathing occurs, you should contact your general practitioner promptly. If the ovaries have been removed, you may experience vaginal dryness, which can be relieved by lubricants or by hormone replacement therapy that your doctor can prescribe. Certain risks may be increased by your condition, your medical history or by 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.