

LEEP/LLETZ

(Loop Electrosurgical Excision Procedure; Large Loop Excision of the Transformation Zone)



BASIC INFORMATION

DEFINITION

Loop electrosurgical excision procedure (LEEP), also known as large loop excision of the transformation zone (LLETZ), is a technique for further diagnosis and treatment of cervical dysplasia. Cervical dysplasia (also called cervical intraepithelial neoplasia) is abnormal tissue growth in the cervix (the narrow, lower portion of the uterus). The dysplasia is most frequently discovered by a routine Pap smear test. LEEP is a very safe way to remove abnormal tissue from the cervix that might otherwise progress to cancer. It minimizes the amount of tissue removed in order to preserve childbearing ability.

REASONS FOR PROCEDURE

- Some types of cervical dysplasia can progress to cervical cancer if not treated.
- It saves the step of taking a biopsy (sample piece of tissue) before removing the abnormal tissue with a laser or freezing it (other ways of treating cervical dysplasia).
- It may be performed instead of a surgical cone procedure which is done in a hospital with a general anesthetic.

RISK INCREASES WITH

- History of bleeding disorders.
- Use of drugs such as anticoagulants or aspirin.

DESCRIPTION OF PROCEDURE

- The LEEP procedure is normally performed as an outpatient technique at the medical office. It will be scheduled at a time when you are not having your menstrual period.
- You will recline in the pelvic exam position and the doctor will look at your vagina and cervix through a colposcope (a lighted microscope) to see the area where the dysplasia is located.
- The cervix is numbed (there is no need for any general anesthesia).
- The abnormal portion of the cervix is removed with a thin wire loop carrying a small electrical current. The loop is used to scoop out the abnormal tissue in one piece and to seal any bleeding blood vessels.
- Following this, the doctor may want to look again at the cervix with the colposcope to make sure all of the abnormal tissue was removed.
- You may feel a slight tingling or some lower abdominal cramping during the procedure.
- A medicated paste or antiseptic may be put on the cervix to stop any bleeding.
- The procedure takes only about 5 minutes.
- The removed tissue is sent to a lab for testing.

EXPECTED OUTCOME

Excellent treatment success rates and low complication rates. The procedure has a greater than 90% success rate.

POSSIBLE COMPLICATIONS

- Bleeding is the main complication of a LEEP procedure. Serious bleeding requiring prolonged observation, stitches or even blood transfusion is very rare.
- Rarely, all the dysplastic tissue may not be removed. This problem can be identified when the removed tissue is evaluated by pathology and the patient can then be carefully monitored.
- Some scarring or thinning of the cervix may occur, which could rarely affect a woman's future fertility, but this side effect is very uncommon.
- Sometimes infection, or the healing of the area from which the tissue was removed, may cause the cervical opening to become narrower (cervical stenosis). The narrowing might make it more difficult for you to get pregnant.
- The tissue of the cervix may be weakened. Subsequent pregnancies are at risk for incompetent cervix and could result in a premature birth. Advise any obstetric provider you consult that you have had a LEEP or LLETZ.



POSTPROCEDURE CARE

GENERAL MEASURES

- A vaginal discharge is expected following the procedure, and some light vaginal bleeding may occur. This is a normal part of the healing process. Your cervix should heal completely within a month.
- Some odor can occur with the discharge, and the labia can be washed off with plain water.
- Use pads (not tampons) for 2-3 weeks. Avoid douching.
- The first Pap smear is performed at about 3-4 months after the LEEP procedure. The Pap smears will be repeated until they return to normal and there are three consecutive negative smears. Then you will go back to having Pap smears on a routine yearly basis. If a follow-up Pap smear is abnormal, further treatment may be necessary. See your health care provider for recommended follow-up visits and Pap smears.

MEDICATION

- You may use acetaminophen or ibuprofen for discomfort or cramping.
- Antibiotics may be given to prevent or treat infection.

ACTIVITY

- Avoid sexual intercourse for 3-4 weeks.
- You should avoid heavy lifting for several weeks.

DIET

No special diet.



NOTIFY OUR OFFICE IF

Any of the following occurs:

- Heavy bleeding or bleeding that lasts for more than one week, fever, chills, abdominal pain, or a foul vaginal discharge.