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**LOOP ELECTRICAL EXCISION PROCEDURE (LEEP)
PROCEDURE EDUCATION LITERATURE AND CONSENT FORM**

We recommend that you read this handout carefully in order to prepare yourself or family members for the proposed procedure. In doing so, you will benefit both the outcome and safety of the outcome and safety of the procedure. **If you still have any questions or concerns, we strongly encourage you to contact our office prior to your procedure so that we may clarify any pertinent issues. “An educated patient is the best patient”**

Loop electrical excision procedure of the cervix (LEEP) refers to an outpatient procedure that uses a fine wire loop with low voltage electrical current to remove, or excise, a cone-shaped biopsy of cervical tissue. LEEP, also known as LLETZ (large loop excision of transformation zone) is both a diagnostic and treatment tool used to detect and treat abnormalities of the cervix.

The cervix, just like the skin and many other surfaces, is covered with tissue that is continuously being replaced. As the cells on the top become “old” and are shed, cells from below move to the surface and replace them. The Papanicolaou smear, commonly referred to as a “Pap smear”, is a test that collects the cells of the cervix that are to be shed and examines them within a microscope. When normal cells are replaced with abnormal cells, a condition known as dysplasia has developed. Areas of dysplasia on the cervix are considered premalignant (pre-cancerous). Dysplasia can go away on its own, remain unchanged, or become more concerning and may lead to cancer.

Risk factors for abnormal findings on Pap smear are thought to include any one or a combination of:

- Vaginal infection, with bacteria, yeast, and/ or other non-sexually transmitted or sexually transmitted organisms
- Cervicitis, inflammation of the cervix caused by such factors as chemical (such as soaps, douches, deodorized tampons, and spermicides), exposure to a foreign body (such as a diaphragm, cervical cap or pessary), or vaginal infection
- Viral infection, including a variety of Human Papilloma Virus (HPV) strains, and in particular high risk (ability to cause abnormal cellular growth) HPV strains
- Compromised immune states, such as pregnancy, chronic steroid use, immunosuppression following organ transplant, and HIV/AIDS
- In utero exposure (exposure in mothers’ womb) to the medication diethylstilbestrol (DES)
- History of dysplasia or certain cancers

LEEP is usually performed after sufficiently concerning cells are found on Pap smear and confirmed by colposcopy (examination of the cervix with magnification) and/or biopsy (removal of tissue for diagnostic evaluation). LEEP may also be recommended if the results of your cervical biopsy and colposcopy do not adequately explain the result of your abnormal Pap test.

Treatment of cervical dysplasia can be divided into ablative (destructive) and excisional (cutting out) techniques. Ablative procedures (cryotherapy and laser therapy) are often used for smaller abnormalities that can be seen in their entirety. Larger more advanced abnormalities often require excisional procedures, such as LEEP or cervical conization. Excisional procedures remove a specimen for microscopic examination, whereas with ablative procedures there is no specimen. Your doctor will make recommendations for treatment based on your history, Pap smear, colposcopy and biopsy.

Preparation

LEEP is most often performed in your doctor's office. It is best performed when you are not having your period and can usually be scheduled to accommodate your menstrual cycle. Taking an over the counter pain medication, such as ibuprofen, 30 minutes to one hour before your procedure will help reduce the amount of discomfort you experience.

Procedure

The procedure usually takes less than 10 minutes. You will be lying on your back with your knees bent and heels in stirrups as you would for a pelvic examination.

After placing a speculum in the vagina, a mild solution of acetic acid (vinegar) is swabbed on the cervix to wash away mucous secretions and to highlight abnormal areas on the surface. Examination with a colposcope (microscope for the vagina) will then be performed and the locations for excision determined. Next, local anesthetic is injected into the cervix, sometimes mixed with a medication to help control bleeding. When electrical current is applied to the fine wire loop it acts like a scalpel. The loop is carefully drawn across the cervix to remove a thin layer of the cervix. You may begin to feel some vaginal or pelvic cramping at this point. The tissue specimen(s) will then be sent to the laboratory for microscopic examination by a pathologist.

Occasionally there is bleeding from the cut surface of the cervix. Your doctor may use electrical cauterization or apply a liquid or paste like solution (Monsel's) to the bleeding. When an adequate amount of specimen has been collected and bleeding is controlled, the procedure is complete and speculum will be removed.

Post Procedure

The cramping you may experience usually doesn't last long. You may experience bright red spotting for a few days afterwards. This will become a tan-colored discharge, which may last one up to two weeks. **Do not** have intercourse or use tampons until told it is ok.

Expectations of Outcome

The objective of LEEP is the diagnosis of the type and extent of cervical disease. A fortunate secondary result of the procedure is often complete removal of the area of active disease. When this is the case, continued long-term follow up is recommended. Your Pap smear will be repeated at regular intervals to check for return disease. In cases where a clear "disease free" margin around the specimen around the specimen is not seen, further treatment is necessary. Treatment options might include conization, hysterectomy, or for some patients continued careful follow-up. You and your doctor will discuss your options for treatment, based on the specific results of your testing, your motivation for follow-up, and if you have desire for continued childbearing.

Possible Complications of the Procedure

All surgical procedures regardless of complexity or time can be associated with unforeseen problems. They may be immediate or even quite delayed in presentation. We would like you to have a list so that you may ask questions if you are still concerned. Aside from anesthesia complications, it is important that every patient made aware of all possible outcomes which may include, but are not limited to:

- **Infection:** The cervix or vagina can become infected after LEEP. Infection may lead to the development of a foul-smelling vaginal discharge, fever, chills, or low abdominal tenderness. You should contact your doctor if you develop any of these symptoms.
- **Blood loss/ Transfusion:** The cervix is quite vascular. Usually blood loss in this procedure is minimal to moderate. You should contact your doctor if you have bleeding that is heavier than your normal period or you are passing blood clots from the vagina.

****If you have symptoms suggesting any of the above after your discharge from the hospital, you must contact us immediately or go to the nearest emergency room.***

- **Treatment Failure:** if the surgical specimen has edges that are "positive" for disease, further treatment will be recommended due to the risk of return of cervical disease. Surgical specimens with "disease-free" edges have lower risk for return of cervical disease, but must be followed closely so that early detection can be made.

- **Cervical Stenosis:** The opening of the cervical canal, which leads to the cervical cavity, will sometimes become narrowed or blocked by scar tissue. Cervical stenosis can lead to painful menstrual periods, make future Pap testing difficult and make achieving pregnancy more difficult.
- **Cervical Incompetence:** Excisional procedures can leave the cervix without sufficient strength and size to resist opening from the pressure of the pregnancy, which can lead to higher chances of pregnancy loss and preterm labor. The risk of cervical insufficiency appears to be related to the amount and depth of tissue removed.
- **Injury to Vagina, Bladder or Rectum:** Injury to these structures could occur if electrical energy that came in contact with the vagina. The chance of this occurring is quite small.

Consent for Treatment

I understand that during the course of the procedure unforeseen conditions might arise or be revealed that could require an extension of the procedure or performance of other operations, procedures or treatments. I therefore authorize and request the below named individual or their designees to perform such operations, procedures or treatments that are or might become necessary in the exercise of their professional judgment.

I acknowledge that Dr has explained the proposed procedure to me and has answered any questions that I have to my satisfaction.

I hereby consent to the above procedure. In addition, I accept all of the above risks inherent to that procedure and request that it be performed.

PATIENT NAME.....

ID#.....

SIGNATURE.....

DATE.....

WITNESS.....

ID#.....