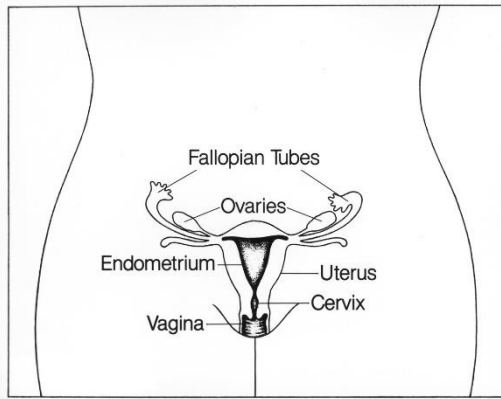


Loop Electrosurgical Excision Procedure (LEEP)



The cervix is the lower part of the uterus. It has a small opening, leading into the vagina, which allows menstrual blood to leave the body.

Most of the time, abnormal cervical cells are caused by the human papillomavirus (HPV) and they heal without treatment. But a few strains of HPV can, over time, develop into cancer. Treating abnormal conditions such as cervical dysplasia, cervical carcinoma in situ, and condylomas is a very effective way to prevent cervical cancer.

What is a LEEP and why is it done?

If you have abnormal cells on your cervix, your health care provider may suggest that you have a LEEP procedure as part of your evaluation or treatment.

LEEP is short for loop electrosurgical excision. The LEEP procedure removes abnormal tissue by cutting it away using a thin wire loop that carries an electrical current.

This allows your body an opportunity to grow normal, healthy tissue in its place.

A LEEP should be done when you are not having your menstrual period to give a better view of the cervix. If you schedule the procedure for soon after your period ends, you will have time for healing before you have your next period.

What happens during the procedure?

During the procedure, your cervix is injected with an anesthetic agent. You should not feel sharp pain. (Most women feel nothing; some have mild cramping.) Tell your healthcare provider right away if you are feeling pain or lightheaded during the procedure.

After the procedure, electrocautery or a special paste may be used to control bleeding.

The tissue that is removed is sent to the pathology department to confirm the diagnosis.

How do I prepare for the procedure?

- There are no restrictions on eating and drinking before the procedure.
- To reduce the chance of cramping, take 400 milligrams (mg) of ibuprofen (Advil®/Motrin®) 1 hour before the procedure.
- **You must arrive with an adult driver who will bring you home after the procedure. You will not be allowed to drive yourself home after the procedure.**
- If you take medications that affect your blood's ability to clot (aspirin, ibuprofen, warfarin, Lovenox®, Plavix®, etc.), talk with your doctor about if, and when, you should stop before your procedure.
- Remove any body piercings or jewelry before the procedure. Notify your nurse if you have any metal implants in your body or if you have an internal heart device such as a pacemaker.

What are the risks of LEEP?

- In the first 3 weeks, the most common risk is heavy bleeding - saturating a peri-pad (a thick sanitary napkin) in 1 hour or less. **If you have heavy bleeding, contact the GYN clinic immediately.**
- Although most women have no problems, LEEP has been associated with a small increase in the risk of having a premature birth and/or having a low birthweight baby.
- In rare cases, the cervix is narrowed after the procedure. This narrowing may cause problems with menstruation. It also may make it difficult to become pregnant in the future.

What should I expect during recovery from LEEP?

After the procedure, you may have:

- a brownish-black discharge (from the paste used), and/or a watery, pinkish discharge
- mild cramping

It takes about 4 weeks for your cervix to heal. To help healing and prevent infection:

- ✓ **Do not place anything in your vagina.** No tampons (use peri pads). No douching. No sexual intercourse or other sexual activity that involves inserting anything into your vagina.
- ✓ **Do not sit under water.** No tub baths. No swimming. No hot tubs or whirlpools.

When should I call the doctor?

Call the GYN Center if you have:

- heavy bleeding (more than your normal period)
- foul smelling or pus-filled discharge
- fever or chills

The GYN Center is open Monday – Friday, 8a.m. to 5p.m. The phone number is **716-845-5855**.

After hours, you can reach Roswell Park 24/7 at **716-845-2300** and our Call Center and Nurse Triage staff will assist you. If it is determined you need to be seen, you may be asked to come to our Assessment & Treatment Center (ATC), which is open 24/7. You need to be referred to the ATC by your doctor or the doctor on call; it is not a walk-in clinic.

Will I need follow-up visits?

Yes, you will need follow-up visits and cervical cancer screenings to make sure that all the abnormal cells are gone and that they have not returned. If you have another abnormal screening test result, you may need more treatment.

You can help protect the health of your cervix by following these guidelines:

- Have regular pelvic exams and cervical cancer screening.
- Stop smoking—smoking increases your risk of cancer of the cervix.
- Limit your number of sexual partners and use condoms to reduce your risk of sexually transmitted diseases (STDs).
- Exercise regularly.

Glossary

Cervical *carcinoma in situ*: A group of abnormal cells that remain in the place where they first formed. They have not spread. These abnormal cells may become cancer and spread into nearby normal tissue. (Also called stage 0 disease)

Cervix: The opening of the uterus at the top of the vagina.

Condyloma: A raised growth on the surface of the genitals caused by human papillomavirus (HPV) infection. The HPV in condyloma is very contagious and can be spread by skin-to-skin contact, usually during oral, anal, or genital sex with an infected partner. (Also called genital wart)

Dysplasia: Cells that look abnormal under a microscope but are not cancer.

Electrocautery: A procedure that uses heat from an electric current to destroy abnormal tissue, such as a tumor or other lesion. It may also be used to control bleeding during surgery or after an injury. The electric current passes through an electrode that is placed on or near the tissue. The tip of the electrode is heated by the electric current to burn or destroy the tissue. Electrocautery is a type of electrosurgery. (Also called electrocoagulation, electrofulguration, and fulguration)

Speculum: An instrument used to hold apart the walls of the vagina so that the cervix can be seen.