



Procedure Information Sheet

Introduction

To remove abnormal tissue from the cervix by using a fine wire loop which connected to electric current.

Indication

High-grade squamous intraepithelial lesion of cervix / persistent low-grade squamous intraepithelial lesion of cervix.

The Operation / Procedure

1. With the use of a colposcope (an instrument with a special lens similar to a microscope), the abnormal area on the cervix / vagina will be identified.
2. The procedure can be performed under general or local anaesthesia.
3. Acetic acid (a vinegar solution) and/or iodine solution will be applied onto the cervix. Clinical pictures may be taken with the colposcope for record.
4. Upon injection of the local anesthetic, you may experience mild abdominal cramps and increase in your heart beat. These are common side effects of the anaesthetic agent, and usually last for a few minutes.
5. Avoid movement during the procedure which may lead to damage of the surrounding tissue causing pain and bleeding.
6. An electro-surgical loop is used to excise the abnormal tissue.
7. Bleeding will be controlled with a ball electrode. Monsel's solution (a brown paste to stop bleeding) is sometimes used, which will cause dark-brown vaginal discharge for several days.
8. All tissue removed will be sent to the Pathology Department or disposed of as appropriate unless otherwise specified.

Before the Operation / Procedure

1. You will be explained about your condition, management plan, the LEEP procedure and its associated risks and complications. You also need to sign the consent.
2. Please notify us if:
 - 2.1 you are / suspect that you are pregnant.
 - 2.2 you are allergic to any medication, latex, iodine or anaesthetic agents.
 - 2.3 you have history of bleeding disorders or if you are taking any anticoagulant(blood-thinning) medications, aspirin, or other medication that affect blood clotting. Sometimes it may need to stop the medications prior to the procedure.
3. Please also bring a sanitary napkin. Appropriate contraception is advised.
4. All ornaments and metal objects, e.g. wrist watch, earrings, have to be removed before the procedure.
5. Empty the bladder, get changed and put on the operation gown.

After the Operation / Procedure

1. You will be allowed to go home accompanied by an adult after monitoring for few hours.
2. You will experience some brownish or blood stained discharge for the first few days, which will decrease afterwards.
3. The complete healing of the wound will usually take 2-3 weeks.
4. For the first 2 weeks, to avoid heavy duty or strenuous exercise.
5. For the first 6 weeks:
 - 5.1 avoid long haul travel
 - 5.2 do not swim
 - 5.3 do not use tampons
 - 5.4 refrain from intercourse
 - 5.5 avoid vaginal douching
 - 5.6 Take a shower instead of a bath

Patient's Label
Patient Name: _____
Hospital No: _____
Episode No: _____



6. In case of heavy bleeding, persistent abdominal pain or fever after operation, please consult your doctor at once.
7. Even with successful treatment, there is still a 5-10% chance of recurrence, therefore long term regular cervical smear surveillance is necessary. You should continue follow up.
8. Some patients may be required to have further treatment.

Risks and Complications

1. Anaesthetic complications / allergic reactions.
2. Bleeding / secondary haemorrhage.
3. Injury to surrounding tissues and cause pain and bleeding.
4. Infection.
5. Incomplete removal of abnormal tissue.
6. Risk of recurrence (up to 1 in 10, common).
7. Secondary haemorrhage (1-2 in every 100, common).
8. Cervical stenosis (1-2 in every 100, common).
9. There is no evidence that a single treatment has any adverse effect on a woman's future fertility.
10. Chance of preterm labour in future pregnancy may be higher.

Risk of Not Having the Procedure

1. Persistence of the disease or progression to cancer of cervix.
2. Exact diagnosis cannot be ascertained.

Alternative Treatment

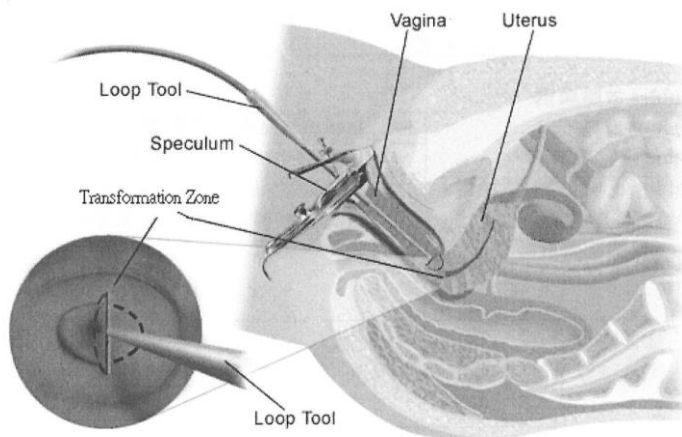
1. Cone biopsy.
2. Hysterectomy.

Disclaimer

This leaflet only provides general information pertaining to this operation / procedure. While common risks and complications are described, the list is not exhaustive, and the degree of risk could also vary between patients. Please contact your doctor for detailed information and specific enquiry.

Reference

Department of Obstetric & Gynaecology, United Christian Hospital, Pre-operative Information Sheet: LOOP Electro-excision Procedure (LEEP) (2018)



Patient's Label
 Patient Name: _____
 Hospital No: _____
 Episode No: _____

Patient's Signature: _____ Date: _____