

**Albany Family Medicine
Community Care Physicians
391 Myrtle Avenue, Suite 4A (4th Floor)
Albany, NY 12208
518-207-2273**

This is a reminder that you are scheduled for a LEEP procedure.

Reminders for appointment for LEEP:

1. You should have complete pelvic rest for 24 hours before the procedure. This means nothing at all in your vagina including: intercourse, tampons, or douching.
2. You may have a support person who is welcome to be with you during the procedure.
3. Plan on minimal activity the day of the procedure and the next day. It is recommended that you take the next day off work, especially if your employment involves physical activity.
4. Please eat your regular meals before the appointment and take all of your medications as you normally would. You do not need to have an empty stomach for this procedure.
5. Wear comfortable clothing with underwear that will accommodate a pad.
6. This procedure should not be done while pregnant. If you are trying to become pregnant, or are not sure if you are pregnant, please call the office to discuss the best timing for the procedure.
7. You may have mild sedation in the form of a pill. This needs to be arranged in advance. Many people find that this is not necessary, but it is an option. This pill will need to be prescribed to your pharmacy before the appointment and taken about one hour before the procedure, and you will need to have someone accompany you to the office and back home. Please send a portal message to your provider or contact the office if you would like this option.
8. If you need to reschedule your appointment, please call 518-207-2273 at least 24 hours in advance. You do NOT need to reschedule if you are having your period.

What to Expect After a LEEP

Most people are able to return to normal activities within 1 to 2 days after a LEEP is performed. Recovery time depends on how much was done during the procedure.

- Mild cramping may occur for several hours after the procedure.
- A dark brown vaginal discharge during the first week is normal.
- Vaginal discharge or spotting may occur for about 4 weeks.
- Pads should be used instead of tampons for about 4 weeks.
- Vaginal intercourse should be avoided for about 4 weeks.
- Douching should be avoided for about 4 weeks.

When to call

Call if you have any of the following symptoms:

- A fever
- Bleeding that is heavier than a normal menstrual period
- Increasing pelvic pain

- Bad-smelling, yellowish vaginal discharge

LEEP/LLETZ

LEEP (Loop Electrosurgical Excision Procedure, sometimes called LLETZ)

LLETZ (Large Loop Excision of the Transformation Zone)

Why is a LEEP needed?

A LEEP is done if a someone has abnormal growth on the cervix that can lead to cancer if not treated. These pre-cancerous changes are called severe dysplasia, cervical intrepithelial neoplasia grade 2 or 3, or CIN 2 or 3. LEEP is the current treatment of choice for those with persistent severe dysplasia of the cervix because it allows providers to make sure that the abnormal cells are removed completely and there is no hidden cancer.

How is it done?

The provider will place a speculum in the vagina, just like when you get a Pap test. The provider will then look closely at your cervix using a bright light and magnification after applying a liquid (acetic acid, or vinegar) to temporarily color your cervix and make the abnormal cells easier to see. They will then use a wire loop that cuts and cauterizes tissue to remove the area of the cervix that contains abnormal cells. The LEEP is done in our office procedure room.

What to expect during the procedure?

After you are brought to the examination room, you may be asked to give a urine sample for a pregnancy test and then we will discuss the procedure, go through the consent form, and answer your questions. After that you will be asked to undress from the waist down.

A speculum is placed in the vagina, and local anesthesia will be injected into the cervix in order to numb the area. When the local anesthesia is injected, some patients are aware of a momentary pinch or cramp, but some patients feel nothing. The local anesthesia will also contain a small amount of epinephrine to reduce bleeding (this is the same solution that the dentist uses in your mouth). Some people experience a racing heart, ringing in the ears, or a metallic taste in the mouth. If you experience any of these symptoms, it is nothing to be concerned about and will pass in a few minutes.

The LEEP machine uses electricy to safety remove the abnormal cells, so a pad will be applied to your leg to complete the electric circuit needed for the current to flow from the machine to you and back to the machine. This is a safety feature, and the LEEP machine will not even turn on unless the pad has been properly applied.

Once your cervix is completely numb, a wire loop is used to remove the abnormal tissue. During this part of the procedure, you will hear two noises: the LEEP machine making a soft buzzing sound and a fan making a

vacuum-like sound. You may be aware of slight pressure or warmth. Once the LEEP is completed, the doctor may apply Monsels paste (a medication that looks like a brown paste) to the cervix to prevent bleeding.

No stitches are needed, and the cervix heals within a few weeks. The specimen is sent to a pathologist for evaluation to determine if all the abnormal tissue has been removed, and to make sure there is no cancer. The entire procedure takes approximately 15 to 20 minutes.

What should I do to prepare for a LEEP?

You do not need to do anything special to prepare for a LEEP. You may take 400-600 mg of ibuprofen around 45 minutes prior to the procedure to help prevent cramping. Make sure to eat and drink normally that day so you do not feel lightheaded.

A LEEP can be done if you have light bleeding, like the beginning or end of your period. If your bleeding is very heavy, you may want to call your provider's office to see if you need to reschedule. However, if your provider recommended that you have a LEEP procedure done, it is very important that you complete the procedure as scheduled to avoid any risk of cancer.

What should you expect after the LEEP?

You may feel a dull ache or cramp during the procedure. A brown paste may be applied after the treatment to prevent bleeding; this often causes a dark vaginal discharge (similar to coffee grounds). Most patients are able to return to work or school one to two days after the procedure. Following LEEP, most people have mild to moderate vaginal bleeding and discharge for up to four weeks. The bleeding should not be heavy (should not soak a pad in less than one hour).

There are few restrictions after the procedure and you may usually go about your daily routine. Most providers recommend avoiding certain activities until the spotting has stopped and your cervix has time to heal, usually four weeks. These include:

- Sexual activity (vaginal intercourse)
- Putting tampons into your vagina
- Washing or douching inside your vagina
- Limiting very vigorous exercise like running or weight lifting for two weeks after the procedure.

YOU SHOULD CALL YOUR HEALTHCARE PROVIDER IF YOU HAVE:

- Fever >101° F
- Bright red, heavy bleeding which is more than what you have with your period
- Bad cramps or pain that does not improve with over-the-counter medications, such as ibuprofen
- Bad-smelling, yellowish vaginal discharge

A pathologist will process and examine the biopsy specimens under magnification. The pathologist will send a report to your clinician. This usually takes about one week. Please check with your provider about how and when you will receive the results.

What can the results show?

The results of the LEEP specimen usually show a pre-cancer or cervical dysplasia (also called cervical intraepithelial lesion grade 2 or 3 or CIN 2 or 3). Sometimes the results can show a normal or low-grade result (also called cervical intraepithelial lesion grade 1 or CIN 1). Usually the LEEP cures the dysplasia, but close follow-up is recommended for several years to make sure it is fully cleared and does not come back. Very rarely, the results may show cancer, which would mean more treatment right away. A colposcopy, Pap smear, and/or HPV test may be recommended after six to twelve months. The time interval between subsequent tests will depend upon the results of the initial testing after treatment and your age. Follow up may vary significantly from one patient to another.

How effective is LEEP?

LEEP cures the abnormal cells in about 9 out of 10 people. In about 10% of patients, abnormal cells will remain, or the HPV virus from surrounding areas will activate and cause dysplasia to return. When necessary, the same treatment could be repeated or an alternate treatment may be recommended. The outcome is much better for people who do not smoke. If you smoke, you can greatly improve your health and reduce your risk of recurrence of dysplasia if you quit.

Are there other treatments besides LEEP?

LEEP is an excisional therapy (surgical removal of the abnormal area) that is the least invasive way of removing the abnormal cells. The other excisional therapy is cone biopsy (a deeper biopsy done in the OR). There are two ablative (destroying) therapies that destroy the abnormal area: cryosurgery (freezing), laser (high-energy light). Because these treatment options destroy rather than cut away abnormal cervical tissue, they do not give a piece of tissue for evaluation to confirm the diagnosis and are generally no longer recommended.

What are possible complications of LEEP?

Complications are rare after LEEP, but as with any surgical procedure, complications can occur during excision. These include the following:

1. **Bleeding during the procedure.** Bleeding is rarely serious and can usually be managed by applying cauterizing material (a liquid or treatment that helps the blood to clot) to the cervix.
2. **Bleeding after the procedure.** Although light bleeding or spotting is normal, some people have heavy bleeding several days or weeks after the procedure. This can usually be treated in the office, but very rarely a procedure in an operating room is necessary.

3. **Infection.** Infections occur rarely after LEEP, either on the cervix itself or elsewhere in the reproductive tract. Most infections can be treated with oral antibiotic therapy.

4. **Late complications.** There may be an increased risk of preterm labor and birth if someone has repeated LEEP/cone procedures, or if a very large and deep excision is performed. Evidence suggests that a typical shallow LEEP does not significantly increase the risk of preterm birth.