Loop Electrosurgical Excision Procedure



If you have an abnormal cervical cancer screening test result, your health care provider may suggest that you have a loop electrosurgical excision procedure (LEEP) as part of the evaluation or for treatment. LEEP is used to remove the area containing abnormal cells from your *cervix*.

This pamphlet explains

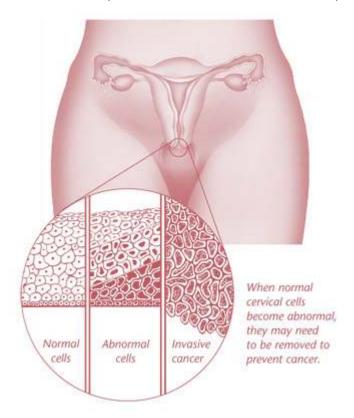
- why LEEP is performed
- how LEEP is performed
- risks of the procedure
- what to expect during your recovery
- how to stay healthy

Why LEEP Is Performed

The cervix is the opening of the uterus at the top of the vagina. It is covered by a thin layer of tissue. This tissue is made up of cells. As these cells develop, the cells at the bottom layer slowly move to the surface of the cervix. During this process, some cells may become abnormal or damaged. Damaged cells grow differently. In some cases, these cells need to be removed to prevent cancer.

The *Pap test* checks for abnormal changes in the cervical cells and allows early treatment so that they do not become cancer. If a Pap test shows these changes, the result is called abnormal. An abnormal Pap test result may mean that further testing and follow-up are needed.

The follow-up that you receive after an abnormal Pap test result depends on your age and the type of result. Results of the follow-up tests are used to decide whether further testing or treatment is needed. Your health care provider will discuss all of the follow-up and treatment options with you.



How LEEP Is Performed

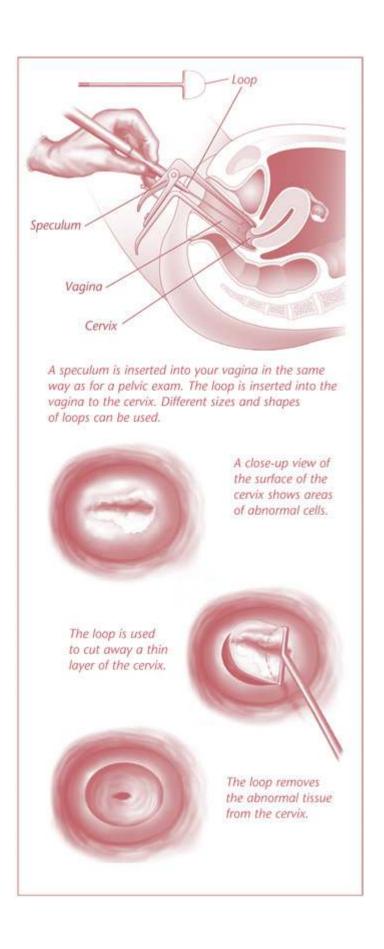
LEEP is one way to remove abnormal cells from the cervix. Other procedures are *cryosurgery*, *laser* treatment, and *cone biopsy*. The decision of which method to use depends on how much cervical tissue needs to be removed and where on the cervix the abnormal cells are located.

LEEP uses a thin wire loop that acts like a scalpel (surgical knife). An electric current is passed through the loop, which cuts away a thin layer of the cervix.

The procedure should be done when you are not having your menstrual period to give a better view of the cervix. In most cases, LEEP is done in a health care provider's office. The procedure only takes a few minutes.

During the procedure you will lie on your back and place your legs in stirrups. The health care provider then will insert a *speculum* into your vagina in the same way as for a pelvic exam. Local *anesthesia* will be used to prevent pain. It is given through a needle attached to a syringe. You may feel a slight sting, then a dull ache or cramp. The loop is inserted into the vagina to the cervix. There are different sizes and shapes of loops that can be used. You may feel faint during the procedure. If you feel faint, tell your health care provider immediately.

After the procedure, a special paste may be applied to your cervix to stop any bleeding. *Electrocautery* also may be used to control bleeding. The tissue that is removed will be studied in a lab to confirm the diagnosis.



Risks

The most common risk in the first 3 weeks after a LEEP is heavy bleeding. If you have heavy bleeding, contact your health care provider. You may need to have more of the paste applied to the cervix to stop it.

LEEP may be associated with an increased risk of future pregnancy problems. Although most women have no problems, there is a small increase in the risk of premature births and having a low birth weight 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.

Your Recovery

After the procedure, you may have

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

It will take a few weeks for your cervix to heal. While your cervix heals, you should not place anything in the vagina, such as tampons or douches. You should not have intercourse. Your health care provider will tell you when it is safe to do so.

You should contact your health care provider if you have any of the following problems:

- Heavy bleeding (more than your normal period)
- Bleeding with clots
- Severe abdominal pain

Staying Healthy

After the procedure, you will need to see your health care provider for follow-up visits. You will have tests to be sure that the abnormal cells are gone and that they have not returned. If you have another abnormal 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 screening tests for cervical cancer.
- 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.

Finally...

LEEP is an effective and simple way to remove abnormal cells from the cervix. The procedure can be done comfortably in your health care provider's office. Recovery time is brief in most cases. Like all procedures,

LEEP carries some risks, including those related to future pregnancy. It is important to understand all of the risks, as well as the benefits, before having the procedure.

Glossary

Anesthesia: Relief of pain by loss of sensation.

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

Cone Biopsy: Surgical removal of a cone-shaped wedge of cervical tissue.

Cryosurgery: A freezing technique used to destroy diseased tissue; also known as "cold cautery."

Electrocautery: A procedure in which an instrument works with electric current to destroy tissue.

Laser: A small, intense beam of light used as a surgical tool.

Pap Test: A test in which cells are taken from the cervix and vagina and examined under a microscope.

Sexually Transmitted Disease: A disease that is spread by sexual contact, including chlamydia, gonorrhea, human papillomavirus infection, herpes, syphilis, and infection with human immunodeficiency virus (HIV, the cause of acquired immunodeficiency syndrome [AIDS]).

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

This Patient Education Pamphlet was developed by the American College of Obstetricians and Gynecologists. Designed as an aid to patients, it sets forth current information and opinions on subjects related to women's health. The average readability level of the series, based on the Fry formula, is grade 6–8. The Suitability Assessment of Materials (SAM) instrument rates the pamphlets as "superior." To ensure the information is current and accurate, the pamphlets are reviewed every 18 months. The information in this pamphlet does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.

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