

Introduction

Indications for LEEP are high-grade or persistent low-grade squamous intraepithelial lesion of cervix.

The Operation

1. Remove all ornaments and metal object before the procedure, e.g. wrist watch, earrings.
2. Colposcopic examination of the cervix to identify abnormal area.
3. Local anaesthesia or general anaesthesia.
4. An electro-surgical loop is used to cut out the transformation zone of the cervix.
5. Haemostasis with ball electrode +/- application of Monsel's solution.
6. All tissues removed will be sent to pathology lab for report.
7. Photograph / video may be recorded during the operation for education / research / documentation purpose. Please inform staff if you have any objection.

Preoperative Preparation

1. Admit 1 day before or on same day of this "elective" operation.
2. Anaesthetic assessment. **Inform your doctors** about drug allergy, regular medications or other medical conditions.
3. Keep fast for 6 to 8 hours before operation.
4. Empty bladder and change to operation clothes before transfer to operating room.
5. Pre-medication, antibiotic prophylaxis and intravenous line may be required.

Postoperative Instruction**General**

1. Mild throat discomfort or pain because of intubation.
2. Mild discomfort or pain over the operation site. Inform nurses if more analgesics are required.
3. Nausea or vomiting are common; inform nurses if symptoms severe.
4. Can mobilize and get out of bed 6 hours after operation and go home the following day.

Diet

Resume diet usually 4 hours after anaesthesia when taking sips of water well.

Common Risks and Complications (not all possible complications are listed)**Anesthesia related complications**

1. Cardiovascular: myocardial infarction or ischaemia, stroke, deep vein thrombosis, pulmonary embolism.
2. Respiratory : atelectasis, pneumonia, asthmatic attack, exacerbation of chronic obstructive airway disease.
3. Allergic reaction and shock.

Procedure related complications

1. Electric cauterization.
2. Bleeding.
3. Secondary haemorrhage (5% chance).
4. Infection (5% chance).
5. Injury to surrounding organ like bladder.
6. Risk of recurrence (up to 10% chance).

Risk of Not Having the Procedure

Persistence of the disease or progression to cancer of cervix.

Alternative Treatment

1. Cone biopsy.
2. Hysterectomy.

Things to take note on discharge

1. Take analgesics prescribed by your doctor if required.
2. Resume daily activity gradually.
3. May experience some vaginal bleeding and lower abdominal discomfort up to 4 weeks after the operation and may have an increased amount of bleeding on Day 7-10 after the operation.
4. Avoid swimming, intercourse and use of tampon for 6 weeks to reduce the risk of wound infection.
5. Attend A&E department in a nearby hospital immediately if vaginal bleeding becomes heavy.
6. Regular cervical smear follow-up.
7. There is no evidence that a single treatment has any adverse effect on a woman's future fertility.

Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor. Evangel Hospital reserves the right to amend this leaflet without prior notice. We welcome suggestions or enquiries on the information provided in this leaflet. Please contact our Healthcare professionals so that we could follow up and make improvement.

Reference

Healthline: "What to expect for a LEEP Procedure" (2019)

<https://www.healthline.com/health/womens-health/leep-procedure> (25-07-2023)