



3233 East 2nd Street
Wichita, KS 67208

LEEP PROCEDURE

(Loop Electrosurgical Excision Procedure)

PURPOSE:

The LEEP procedure stands for "Loop Electrosurgical Excision Procedure". This procedure uses a wire loop with electrical current to excise areas of abnormal tissue on the distal end of the cervix. These areas are called dysplasia. There are different degrees of dysplasia varying from mild to moderate, to severe.

Dysplasia is an abnormality in the maturation process that cervical cells are continuously undergoing. It is not cancer, but may have some potential to become cancerous over a period of time. Some dysplasia will resolve; some will stay the same; and some will progress on to higher-grade dysplasia, or possibly cancer. Since we do not know which course a given dysplasia will take, the rationale for treating the abnormal areas is to prevent more serious problems in the future.

In the case of milder dysplasia, another option is to closely observe the cervix with Pap smears and colposcopy (examination of the cervix with a magnifying scope) every few months. If there is any sign of progression of they dysplasia, then treatment can be done at that time.

There are other ways of treating dysplasia, and they are all designed to accomplish removal of the abnormal areas on the cervix. They include:

1. Freezing the cervix (cryocautery).
2. Surgically excising the tissue with a scalpel and suturing the cervix (cold knife cone biopsy).
3. Using a laser to vaporize the end of the cervix or using a laser to excise a portion of the cervix.

All of these methods are effective and each has its advantages and disadvantages. Many factors are involved in determining which procedure is selected and are determined on an individual basis.

PROCEDURE:

The wire loop excision procedure is performed under sedation. A local anesthetic is placed in the distal end of the cervix. Because the loop generates heat, you may feel a heat sensation as well as some cramping. The actual excision usually only takes a few seconds, but this will vary depending on how large an area needs to be excised. There will be some bleeding afterwards, but usually there is only light bleeding for a few days. Some uterine cramps may also be felt for a short time following the procedure.

The cervix will usually heal in about two weeks. For this reason, I recommend abstaining from intercourse for two weeks following the procedure, so as not to cause any bleeding from the surgical site. I would like to reexamine the cervix four weeks after the procedure to see if it has healed completely.

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COMPLICATIONS:

Complication of this procedure is rare but can occasionally occur.

1. Infection in the cervix or uterus.
2. Bleeding either during the procedure or a few days later.
3. Cervical stenosis or narrowing of the cervical opening in the healing process. This can lead to increased cramping with your menses and on very rare occasions, closure of the cervix so that the blood is unable to pass. This would require dilating the cervix and in very rare situations, hysterectomy (removal of the uterus) if dilation were unsuccessful.
4. If a large amount of tissue has been removed, the cervix may be weakened. This can have consequences in a future pregnancy and could lead to premature delivery due to a weak cervix. This is called incompetent cervix. Fortunately, this is a rare complication.
5. If a large cone is necessary, this could have an adverse impact on fertility in the future due to removal of some of the mucus producing cells in the cervical canal. Again, this complication is also fortunately rare.

These complications are very rare and generally occur in the one percent or less range.

I have read and fully understand the information presented above and its relation to the proposed surgical procedure. I also understand that there is no guarantee of results of the surgery.

Signature

Date

Witness

Date