

Loop Electrosurgical Excision of the Cervix

Loop electrosurgical excision of the cervix, LEEP, is a procedure to evaluate and treat precancerous cells of the cervix. The procedure employs a thin wire loop which acts like a surgical knife, to remove the abnormal cells of the cervix. An electric current passes through the loop, cutting away small abnormalities. The obtained specimens are sent to pathology for evaluation.

In your procedure, a speculum is used to expose the cervix. A local anesthetic is injected into the cervix. The cervix is then examined with a colposcope, a microscope used to diagnose cervical abnormalities. The wire loop is employed to remove abnormalities. After the specimens are obtained, a solution is applied to the cervix to prevent or stop bleeding.

The most common risk of LEEP is excessive bleeding from the cervix. Excessive bleeding occurs in approximately 5% of patients. There is a slight increased risk of preterm labor and/or incompetent cervix in future pregnancy, yet these risks are rare. We follow pregnancies of patients with prior loop excision more closely.

A loop excision may be performed in our office or at Edward Hospital. It is advised that patients with significant medical history, advanced age, or preference for anesthesia have this procedure at Edward Hospital.

Prior to the procedure, inform your physician of any medications you are taking. Do not take aspirin or medications containing aspirin, two weeks before or four weeks after your procedure; these medications may increase bleeding.

After the procedure, many patients experience vaginal spotting or light bleeding. Some patients may experience mild, lower abdominal cramping. For discomfort, take 2 - 3 tablets of 200mg ibuprofen, Advil or Motrin, every 4 - 6 hours. If pain persists or worsens, or if bleeding is heavy, please call our office.

Also, you will need someone to drive you home. We advise that you do not return to work after your procedure. You may return to work the day after your procedure. If you have any symptoms or concerns, please call our office.

In the four weeks following loop excision, do not use tampons, abstain from intercourse, and avoid vigorous physical activity. In addition, some patients continue with vaginal spotting or light bleeding. If a menstrual period begins, the flow may be somewhat heavier than normal. If you feel you are having excessive vaginal bleeding, please call our office.

An appointment for a follow-up exam should be scheduled for four weeks after the loop excision. At this exam, a schedule for your follow-up Pap smear and HPV tests is planned. It is imperative to keep follow-up appointments after a loop excision. Most women will not have a recurrence of precancerous cells, yet, precancerous cells do return, even after adequate removal. Your scheduled Pap smear and HPV tests allow us to evaluate with certainty that abnormal cells have not returned.