

LOOP ELECTROSURGICAL EXCISION PROCEDURE (LEEP)

What is a LEEP?

A LEEP is a procedure in which a provider removes a portion of the cervix (the opening to the uterus) containing abnormal, pre-cancerous cells. The provider uses a thin, wire loop that is attached to an instrument called an electrosurgical generator. The generator transmits a painless electric current that allows the abnormal cells to be cut away from the normal cells.

Why is a LEEP needed?

This procedure is used to remove the portion of the cervix containing pre-cancerous cells. It is usually done after you have had an abnormal Pap smear or colposcopy, when your provider looks at your cervix with a colposcope (similar to a microscope).

What happens during the procedure?

The doctor will place a speculum in your vagina, which is the same instrument that is used during a Pap smear. Your provider will use a colposcope, which is like a microscope and remains outside of your vagina, to get a clear view of your cervix. A grounding pad will be placed on your thigh, which creates a safe path for the electric current to travel.

A vinegar or iodine solution will be placed on your cervix to make the abnormal cells easier to see. Numbing medicine will be injected into your cervix and the provider will use the wire loop to remove the abnormal portion of the cervix. Your provider will then use an instrument called a ball electrode to stop any bleeding. He or she may also use a medication on your cervix to prevent bleeding. The procedure takes less than 25 minutes.

What are the risks?

- A burn to the vagina
- Scarring of the cervix
- Shortening of the cervix (this rarely leads to an increased risk of preterm delivery)
- Bleeding
- Pain
- · A small risk of infection

What should I do to prepare for the procedure?

- A LEEP can be done during your menstrual cycle, but it is better to have it done when you
 are not on your period.
- If you are not allergic, you may take 800 milligrams of ibuprofen (4 regular-strength tablets of Advil or Motrin) or 1000 milligrams of acetaminophen (2 extra-strength tablets of Tylenol) 1 hour before the procedure.
- For 24 hours before the procedure, you should **avoid douching** (which is generally not recommended at any time), **using tampons**, **using vaginal medications**, **and having sex**.

What should I expect during recovery?

You will be able to drive yourself home after this procedure. You may bring someone to drive you if you would like.

- You may experience cramping. You can take an over-the-counter (OTC) pain reliever like Advil or Tylenol.
- After the procedure, you should not put anything in your vagina for two weeks. This includes:
 - Having sex
 - Using tampons
 - Douching (which is generally not recommended at any time)
- Do not lift any heavy objects.

Call your provider if you experience:

- Heavy vaginal discharge (soaking more than 1 pad an hour)
 - You may experience moderate discharge or bleeding during the 3-week healing period, which may come and go. This is normal.
- Foul-smelling vaginal discharge
- Bleeding that is heavier than a normal period or bleeding with blood clots
- Abdominal pain that is not relieved with an OTC pain reliever
- Fever (100.4° F or greater) in the 10 days following your procedure

Office number: (404) 778-3401, Monday – Friday 8:00AM – 5:00PM

 For emergencies after hours, calling this number will connect you to the operator, who will page the OBGYN physician on call.

If your pain becomes severe, or your fever rises above 102°F in the 3 days following the procedure you should go to the emergency room.

How long will it take to get my results?

It should take 1-2 weeks to get your results. You may receive your results one of three ways:

- A phone call from your doctor or nurse
- Through your secure Emory Healthcare portal
- Through a letter in the mail

If you do not have your results after 2 weeks, please call the office at the number listed above.

Additional instructions	:		

Emory Clinic Gynecology & Obstetrics