



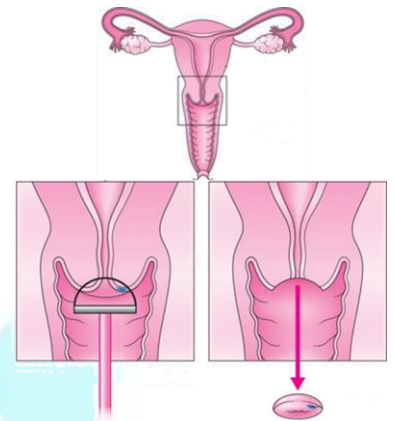
Operation Information

Colposcopy + Loop Electro-Surgical Excisional Procedure (LEEP)/(LLETZ)

Introduction

Colposcopy is a procedure that allows the cervix and vagina to be viewed, when a colposcope is inserted from the vagina.

Loop Electro-Surgical Excisional Procedure (LEEP) which is also known as large loop excision of the transformation zone (LLETZ). The procedure is performed with the aid of colposcopy, by using an electrical current running wire loop to remove the abnormal part of the cervix and seal the wound at the same time. This operation is a significant part of the diagnosis and treatment for cervical intraepithelial neoplasia (CIN), a preinvasive cervical disease.



Source:
<https://www.jostrust.org.uk/information/cervical-cancer/treatments/surgery/lletz>

Indications

Abnormal growth on the cervix

Outcomes

The expected outcome of this operation is that the abnormal cells from the cervix are removed, thus for diagnosis and treatment.

Procedures

1. This operation is performed under local anaesthesia, or general anaesthesia on rare occasions.
2. A speculum is inserted into the vagina to expose the cervix.
3. A colposcope is used to assess the cervix and vagina.
4. A solution is applied to make the abnormal tissue(s) visible.
5. Local anesthetic is used.
6. An electro-surgical loop is used to remove the abnormal tissue(s) of the cervix.
7. Electrocautery and / or Monsel's solution may be used to control bleeding.

Possible Risks and Complications

1. Bleeding is common but often mild
2. Infection is uncommon
3. Electrical burn to adjacent tissue is rare
4. Injury to surrounding organs like the bladder is rare
5. Deep excision may be associated with a small increase in the risk of late trimester miscarriage or premature labour in future pregnancies. However, the risk is outweighed by the benefit of removing the abnormality.
6. Anaesthetic complications such as heart attack, stroke and venous thromboembolism

** The risks listed above are in general terms and the possibility of complications is not exhaustive.

Please understand that even though all operations are carried out with utmost professionalism and care, this does not rule out the possibility of complications arising. In the event of peripheral organ damage or post-operative haemorrhage or leakage, further operations may be required.

Pre-operative Preparations

1. Good hygiene can prevent surgical wound infection. Therefore, we advise you to clean up yourself on the day of operation.
2. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the operation.
3. Please inform the doctor and nurse if you are pregnant or suspected pregnancy.
4. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia.
5. Do not drive to attend the procedure, as anaesthesia can slow your reflexes for hours following the procedure. Thus, you are advised to be accompanied by a family member.
6. If the procedure is done under general anaesthesia, no food or drink six hours before the operation.
7. Please change into a surgical gown after removing all belongings including undergarments, dentures, jewellery and contact lenses.
8. Please empty your bladder before the operation.

Post-operative Instructions

General

1. After general anaesthesia, you may:
 - experience discomfort in the throat after tracheal intubation.
 - experience side effects of anaesthesia including feel tired, drowsy, nausea or vomiting. Inform the nurse if symptoms persist or worsen.
2. Please inform the nurse of wound pain. Proper pain relief treatment by injection or oral medication may be prescribed by the doctor.
3. Inform the nurse immediately in the event of massive vaginal bleeding, abdominal distention or abdominal pain (pelvic cramps).

Diet

1. A normal diet may be resumed as instructed after recovery from general anaesthesia.

Advice on Discharge

1. Mild cramping for a few days is normal. Please take the painkillers as prescribed.
2. Blood-stained or dark brown vaginal discharge may last for 3 weeks.
3. Avoid swimming until the vaginal discharge has stopped.
4. Avoid using tampons, douching and sexual intercourse for 6 weeks.
5. You can bathe as usual.
6. Avoid heavy lifting and strenuous activities for 4-6 weeks.
7. Immediately consult your doctor or return to hospital for professional attention in the event of massive vaginal bleeding or foul-smelling discharge, increase abdominal pain (pelvic cramps) or cramps lasting more than 72 hours, abdominal distension, shivering, high fever over 38°C or 100.4°F, or any other unusual symptoms.
8. Any follow-up consultations should be attended as scheduled.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

Compiled by Union Hospital Operating Theatre (OT) Governance Committee

The above information is for reference only, please enquire your physician for details
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification

