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## ***LEEP***

A LEEP procedure is a minor procedure usually done in the office for cervical dysplasia (precancer). LEEP stands for Loop Electrical Excision Procedure that is used to remove abnormal cells from the cervix using electrical energy. The long-term success rate of treating dysplasia with a LEEP procedure is 90-95%. This is the same success rate as all other methods of treatment such a laser, surgical excision, and cryotherapy (freezing). We have recommended the LEEP procedure due to its excellent success rate, minimal risk of cervical scarring, and the fact it is easily tolerated as an office procedure.

The LEEP procedure will be scheduled in the office. We will send you prescriptions for a pain medicine and sedative for you to take when you arrive at the office. This should not be scheduled during your menses, and you cannot have this procedure if you are pregnant. Because you will be taking a sedative, you will need someone to drive you home. If you normally take antibiotics for dental work due to Mitral Valve Prolapse (SBE prophylaxis), you will need to take antibiotics before this procedure. Please let us know if we need to send you a prescription for this. If you think you have a vaginal infection, this should be treated before you have the procedure. You may eat a regular diet prior to the procedure.

### **WHAT HAPPENS DURING A LEEP PROCEDURE?**

The doctor will perform a pelvic examination. A special coated speculum will be placed in the vagina to visualize the cervix. The cervix and vagina will be coated with Lugol's solution, which will highlight the abnormal cells. Then a local anesthetic of lidocaine will be injected into the cervix and vagina to numb the area. Usually this injection is the most uncomfortable part of the procedure. Then the doctor will start setting up the LEEP

equipment while the anesthetic is taking effect. Once the area is numb, the doctor will use a small wire loop to excise the abnormal tissue. Sometimes several pieces are excised to completely remove all the abnormal areas, but you do not usually feel anything at this point. All of this tissue will be sent to pathology for further evaluation and to make sure the margins are clear. Then the base of the cervix is coagulated with a small metal ball. This controls any bleeding and also treats the margins of the excised tissue.

After the procedure, we recommend that you rest for the remainder of the day, and take pain medicine as needed. You may resume normal activities the following day, but we recommend you refrain from vigorous exercise for 3 days. You can expect a large amount of vaginal discharge that may be bloody or have an unpleasant odor, which may last several weeks. You may douche with warm water, baking soda, or Betadine as needed if the discharge becomes excessive. We recommend no sexual intercourse for 3 weeks following the procedure.

We will receive your pathology results in one week after your procedure. We request that you return to the office in 3 weeks for a post-procedure checkup. Immediately after the procedure, the cervix will appear to have a shallow crater on its surface where the abnormal tissue was excised. This area gradually heals over several weeks and resumes a completely normal appearance.

The LEEP procedure is well-tolerated and serious complications are rare. Infection and heavy bleeding are occasional complications, so we ask that you call the office if you develop severe pain, nausea/vomiting, fever >100.5 degrees Fahrenheit or heavy vaginal bleeding more than a normal period.

A rare late complication of the LEEP procedure is cervical scarring. This may present as infertility with the scarring resulting in the removal of enough of the endocervical glands so that there is inadequate mucus production to help the sperm navigate through the cervix and make their way to the fallopian tube for fertilization. This is treated by intrauterine insemination of the sperm directly into the uterine cavity, bypassing the cervix. Another risk is of cervical incompetence, which results from such a large amount of cervix being removed during a LEEP procedure that there is not enough cervical stroma (strong stuff) to support a pregnancy, resulting in second trimester miscarriages. This is extremely rare, but is more likely if someone requires multiple LEEP procedures for recurrent or persistent disease. Ultrasound has advanced technologically, so the length of the cervix can be monitored during pregnancy in high risk patients. The cervical incompetence can be treated by placing a purse-string suture around the opening of the womb, (a cerclage), to prevent miscarriage. The risk of significant cervical scarring during a LEEP procedure is 1-2 percent.

After the LEEP procedure, you will need to have frequent Pap smears and HPV testing to evaluate you for recurrent or persistent disease. The usual recommendation is pap smears every 4 months for the first year following the LEEP procedure, then every 6 months for 5 years. Continued frequent surveillance may be recommended for longer periods of time if you continue to test positive for high risk HPV.

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