

About LEEP

What to expect

This handout explains a loop electrosurgical excision procedure, called LEEP for short.

What is LEEP?

LEEP stands for *loop electrosurgical excision procedure*. In this procedure, a doctor uses a thin wire loop to remove abnormal tissue from the *cervix* (the lower, narrow part of the uterus).

This procedure is most often used to treat *cervical dysplasia* (abnormal cell growth). If cervical dysplasia is not treated, it may become cervical cancer.

What happens during the procedure?

First, you will be positioned as if you were going to have a pap smear taken (see drawing). Your doctor will look at your cervix with a microscope to look for abnormal tissue.



During LEEP, your doctor will look at your cervix with a microscope.

You will receive a local *anesthetic* (numbing medicine) in your cervix. Your doctor will then use a thin wire loop to remove the abnormal tissue. The loop is connected to an electrical unit. Any bleeding blood vessels are *cauterized* (heated) right after the procedure. This will stop the bleeding.

The procedure usually takes about 15 minutes. The abnormal tissue is examined in the lab.

What should I expect?

- We suggest that you take 600 to 800 mg of ibuprofen (Advil, Motrin, and other brands) before LEEP to help prevent cramping.
- You will have some menstrual-like bleeding after LEEP. This bleeding may last up to 3 weeks.
- Some women also have cramping after the procedure. This cramping can usually be relieved with ibuprofen.

- For 3 to 4 weeks after LEEP, avoid intercourse, using tampons, or putting anything into your vagina.
- LEEP is 80 to 90% successful at removing all the abnormal cells in a single treatment. This means that 80 to 90 procedures out of 100 remove all of the abnormal cells. But, we advise you have follow-up Pap smears and HPV testing to make sure that abnormal cells do not regrow.

How do I get the results?

We will contact you within 2 weeks by phone, e-Care, or mail. We will tell you the lab results and suggest follow-up as needed.

What are the risks of the procedure?

- About 1% of women (1 out of 100 women) may have very heavy bleeding after LEEP. This may occur 7 to 14 days after the procedure. If you have red bleeding and have to change your pad every hour, call your provider **right away**.
- Some studies suggest LEEP may be linked with a higher risk of preterm labor or delivery in the future.
- Rarely, LEEP can cause scar tissue to grow in the cervix. This can cause problems with menstruation or during labor.
- It is rare to have vaginal or pelvic infections after LEEP.

When to Call

- Some vaginal discharge is normal for the first 2 weeks after LEEP. But call the clinic if you have a lot of discharge and it has a bad smell.
- Call your clinic **right away** and ask to speak with a nurse if you have:
 - A fever higher than 100.4°F (38°C)
 - Severe cramping
- Call your clinic if you have any questions or concerns.

Who to Call

- If you are a patient at **Women's Clinic at Harborview Medical Center**: Call 206.744.3367 and ask to talk with a nurse.
- If you are a patient at **Women's Health Care Center at UWMC-Roosevelt**: Call 206.598.5500 and press 8 to talk with a nurse.

Questions?

Your questions are important. Call your doctor or healthcare provider if you have questions or concerns.

- Women's Clinic at Harborview: 206.744.3367
- Women's Health Care Center at UWMC-Roosevelt: 206.598.5500