



Loop Electrosurgical Excision Procedure (LEEP)

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What is a loop electrosurgical excision procedure (LEEP) and why is it done?

If you have an abnormal cervical cancer screening result, your health care professional may suggest that you have a loop electrosurgical excision procedure (LEEP) as part of the evaluation or for treatment (see FAQ085 Cervical Cancer Screening). LEEP is one way to remove abnormal cells from the **cervix** by using a thin wire loop that acts like a scalpel (surgical knife). An electric current is passed through the loop, which cuts away a thin layer of the cervix.

How is LEEP performed?

A LEEP should be done when you are not having your menstrual period to give a better view of the cervix. In most cases, LEEP is done in a health care professional's office. The procedure only takes a few minutes.

During the procedure you will lie on your back and place your legs in stirrups. The health care professional then will insert a **speculum** into your vagina in the same way as for a pelvic exam. **Local anesthesia** will be used to prevent pain. It is given through a needle attached to a syringe. You may feel a slight sting, then a dull ache or cramp. The loop is inserted into the vagina to the cervix. There are different sizes and shapes of loops that can be used. You may feel faint during the procedure. If you feel faint, tell your health care professional immediately.

After the procedure, a special paste may be applied to your cervix to stop any bleeding. **Electrocautery** also may be used to control bleeding. The tissue that is removed will be studied in a lab to confirm the diagnosis.

What are the risks of LEEP?

The most common risk in the first 3 weeks after a LEEP is heavy bleeding. If you have heavy bleeding, contact your health care professional. You may need to have more of the paste applied to the cervix to stop it.

LEEP has been associated with an increased risk of future pregnancy problems. Although most women have no problems, there is a small increase in the risk of premature births and having a low birth weight baby. In rare cases, the cervix is narrowed after the procedure. This narrowing may cause problems with menstruation.

What should I expect during recovery from LEEP?

After the procedure, you may have

- a watery, pinkish discharge
- mild cramping
- a brownish-black discharge (from the paste used)

It will take a few weeks for your cervix to heal. While your cervix heals, you should not place anything in the vagina, such as tampons or douches. You should not have intercourse. Your health care professional will tell you when it is safe to do so.

You should contact your health care professional if you have any of the following problems:

- Heavy bleeding (more than your normal period)

- Bleeding with clots
- Severe abdominal pain

Will I need follow-up visits?

After the procedure, you will need to see your health care professional for follow-up visits. You will have cervical cancer screening to be sure that all of the abnormal cells are gone and that they have not returned. If you have another abnormal screening test result, you may need more treatment.

You can help protect the health of your cervix by following these guidelines:

- Have regular pelvic exams and cervical cancer screening.
- Stop smoking—smoking increases your risk of cancer of the cervix.
- Limit your number of sexual partners and use condoms to reduce your risk of **sexually transmitted infections (STIs)**.

Glossary

Cervix: The lower, narrow end of the uterus at the top of the vagina.

Electrocautery: A procedure in which an instrument works with electric current to destroy tissue.

Local Anesthesia: The use of drugs that prevent pain in a part of the body.

Sexually Transmitted Infections (STIs): Infections that are spread by sexual contact, including chlamydia, gonorrhea, human papillomavirus (HPV), herpes, syphilis, and human immunodeficiency virus (HIV, the cause of acquired immunodeficiency syndrome [AIDS]).

Speculum: An instrument used to hold open the walls of the vagina.

If you have further questions, contact your obstetrician–gynecologist.

FAQ110: Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to institution or type of practice, may be appropriate.

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