

Large Loop Excision of the Transformation Zone (LLETZ)

A Patient guide to the treatment of Cervical Intraepithelial Neoplasia (CIN)

From your recent Colposcopy and Cervical Screening Test (CST), Dr Farrell has determined that you have a pre-cancer of the uterine cervix (the entrance to your womb). This pre-cancer, called Cervical Intraepithelial Neoplasia (CIN), is a change in the surface cells of the cervix. This presence of CIN does **not** mean that you have cancer, but **detection and treatment of CIN is important** to prevent the development of cervical cancer.

CIN is a lesion composed of abnormal cells. These abnormal cells are due to an infection with certain strains of the Human Papillomavirus (HPV). When HPV is contracted, the lesions appear in the transformation zone of the cervix. The transformation zone is the area of cervical tissue where the cells actively divide and grow. As these normal cells grow and mature, they are pushed to the surface as new cells are produced and the older, outside cells die and are shed. When the virus infects the cell and becomes active, a lesion of abnormal cells develops in the transformation zone.

Removal of the lesion is an effective treatment for CIN since the removal of the transformation zone allows normal cell growth to replace the removed tissue.

Most gynaecologists use electro-surgery as their first choice for the removal of lesions of the cervix. Loop Excision of the Transformation Zone (LETZ) uses a thin wire loop electrode attached to an electrosurgical generator that emits an electrical current to **quickly and safely cut away the infected tissue**. The electrical current emitted from the loop passes through the tissue cells in the immediate area of the loop wire and effectively shaves off the abnormal area. Although this description may sound traumatic, the procedure is brief and the use of a local **anaesthetic makes it virtually painless**.

Loop electro-surgery for the management of CIN has replaced such methods as cryosurgery (freezing) and laser surgery because it allows the gynaecologist to obtain an excised specimen which can be studied by a testing laboratory (pathology). The pathologist's test is important because: 1) it ensures the lesion has been completely removed, and; 2) it allows for a more accurate assessment of abnormal tissue to rule out any early cancer cells.

BEFORE THE PROCEDURE

It is recommended that approximately 2 hours before the procedure you take;

- Two paracetamol tablets (Panadol, Herron)
- An anti-inflammatory tablet - such as Naproxen, Voltaren or Ibuprofen (if you are not allergic to these tablets).

This will help to minimize any discomfort from cramping resulting from the procedure.

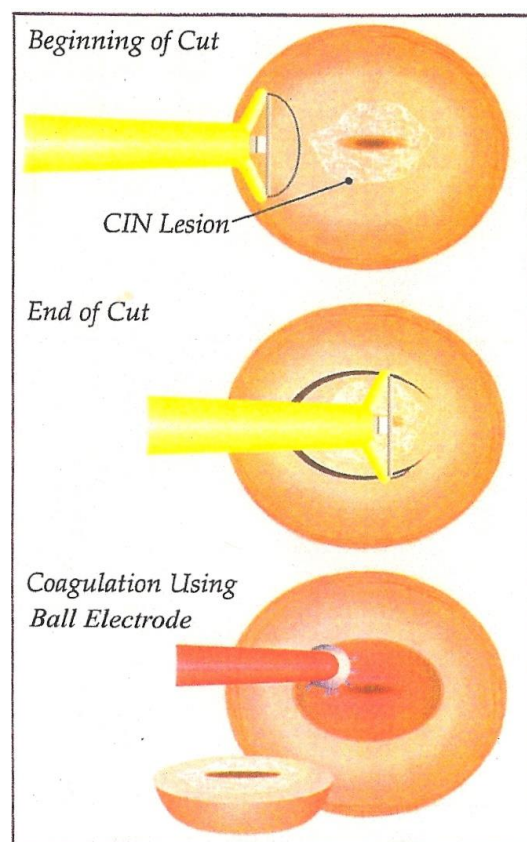
In addition, since topical solutions and anaesthesia will be used during the procedure, be sure to tell your doctor about any allergies or sensitivities to medication you may have.

THE LETZ PROCEDURE

The procedure will take 20 to 30 minutes and will seem like a routine exam. You will lie on the examination table with your feet on the foot pads. A vaginal speculum will be placed and the colposcope, a special kind of microscope, will be set up for viewing the cervical area.

The doctor will then place an electrosurgical dispersive pad onto your thigh (this is usually a gel-covered adhesive electrode).

To begin the procedure, the cervix will be prepared with acetic acid and iodine solutions so that the doctor can more easily see the extent of the lesion. Dr Farrell will then inject a **local anaesthetic** into the cervix. The electrosurgical generator will be activated and the wire loop will be passed through the surface of the cervix. Depending on the lesion, the excision will take from five to twenty seconds. Once the lesion has been removed, Dr Farrell will use a ball electrode to stop any bleeding that occurs. **A topical solution may also be used to prevent bleeding.** We will give you a panty liner/pad to wear home. **You should be able to leave the office about 20 minutes after the procedure.**



The LETZ® Procedure

AFTER THE PROCEDURE

You should spend the remainder of the day resting at home. You may want to take the next day off work or only perform light duties at work for the following day. You cannot perform heavy duties over the next few days.

After the procedure, your doctor will send the excised specimen to the pathologist, where it will be examined to verify the CIN lesion has been completely removed and properly classified.

POSSIBLE COMPLICATIONS

As with any surgical procedure, some complication may occur following the LETZ procedure. You may experience some discomfort, bleeding, or a black discharge, but these complications are typically mild. However, notify your doctor if you experience:

- **“late bleeding”** – bleeding that occurs 7-10 days after the procedure and is heavier than a typical period (if you are not expecting your period)
- any **foul-smelling discharge**, or
- **persistent pain.**

For 1 week following the procedure you should:

- **not lift any heavy objects**
- **not do strenuous exercise eg: weights at the gym, aerobics, run**

For 4 weeks following the procedure you should:

- **Refrain from vaginal intercourse**
- **Do not use tampons**
- **Do not douche**
- **Monitor any vaginal discharge.**

Notify Dr Farrell if there is any heavy bleeding, foul smelling vaginal discharge, or persistent pain. If there is very heavy bleeding (soaking more than a full pad every hour) you will need to seek urgent medical attention.

Finally, you will need to **return for a follow-up Colposcopy and Pap smear**. This will be necessary to **ensure that CIN was completely excised from your cervix** and has not recurred. The first of these Pap smears will usually be requested 4-6 months after the procedure.

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