

Loop Electrosurgical Excision Procedure (LEEP)

Answering your questions about LEEP

If you receive an abnormal colposcopy result, your health care provider may recommend that you have a loop electrosurgical excision procedure, commonly referred to as LEEP.

A LEEP involves removing abnormal tissue from your cervix using a thin wire loop.

It is usually done within eight weeks of diagnosis. Over 90% of individuals will require only one LEEP to remove any abnormal tissue.

What are the risks of having a LEEP?

There is a small possibility of heavy bleeding or an infection after a LEEP. Please contact your health care provider immediately if you notice any of the following: increased pelvic pain, heavy or prolonged bleeding, fever, or smelly vaginal discharge.

Based on recent studies, your ability to get pregnant is not affected by a LEEP. It may slightly increase the likelihood of pregnancy complications such as miscarriage and delivering your baby prior to full term. Please speak with your health care provider to address any concerns.

In rare cases, a LEEP may cause the entrance of your cervix to narrow, also known as cervical stenosis.

Is it safe to have a LEEP if I am pregnant?

Please advise your health care provider if you're pregnant. In many cases, the LEEP can be performed after your baby is born.

What happens during a LEEP?

1. A specialist will take a look at your cervix using a special microscope called a colposcope.
2. A small amount of vinegar or iodine will be placed on your cervix to make any abnormalities more visible.
3. Local freezing is then used to numb the cervix. Some people feel a pinch or cramp when the freezing is done. The freezing medication will make your heart beat a little faster, but it's not dangerous, and it will pass within a few minutes.
4. A thin wire loop is then used to remove abnormal tissue. The procedure usually lasts less than five minutes.
5. To reduce any bleeding, a brown paste may be placed on your cervix. The paste comes out later looking brown or black, which is normal.

See a video about LEEP: www.screeningbc.ca/cervix

What happens after my LEEP?

Most individuals have no symptoms after a LEEP. If you have cramps, you can use pain medication such as plain acetaminophen (Tylenol®) or ibuprofen (Advil®) for pain relief. You may experience cramps, light vaginal bleeding or watery vaginal discharge for a few weeks. Avoid using tampons, swimming, taking baths, or having sexual intercourse for three weeks.

Also, avoid any heavy lifting or strenuous exercise for one week. Your health care provider will review your results with you within three weeks of the procedure. Please contact your health care provider if you haven't heard from them. Usually, a follow-up appointment will be recommended six months after your LEEP.

Your Follow-Up Appointment

What happens during my follow up appointment?

Usually, you will have a follow-up colposcopy six months after your LEEP. A specialist will take a small tissue sample (biopsy) and will do a test to check for HPV. The HPV test will feel similar to a Pap test.

The HPV test is used to determine if more follow-up is required, or if you can return to routine screening (Pap test) with your primary health care provider.

What if my follow up tests are normal?	What if my follow up tests are abnormal?
You are at a very low risk for recurring abnormalities if your biopsy and HPV test results are normal. You should continue to see your primary health care provider for cervix screening (Pap test).	A second LEEP is required if the biopsy taken at your follow up appointment shows high grade cell changes of the cervix. You will continue to be monitored by the colposcopy clinic if you have an abnormal HPV test result but a normal biopsy result.

LEEP and HPV

Can a LEEP get rid of HPV?

LEEP may remove cells in your cervix containing human papillomavirus (HPV). In addition, HPV infections may be cleared by the body's immune system. You will be tested for HPV after your LEEP.

Individuals with a normal HPV test after LEEP have a very low risk of having further high-grade cell changes (cervical intraepithelial neoplasia grade 2 or 3) in the near future. Individuals with an abnormal HPV test are at a higher risk of recurring high-grade cell changes and closer follow-up is needed.

Can a partner contract HPV after treatment?

While most couples share the same HPV types, it is possible to get infected again through sexual contact.

I have had treatment for HPV-related cervical or genital disease, but do I still need the HPV vaccine?

Yes, even if you've already had HPV-related diseases, the HPV vaccine is still recommended. It will protect you from types of HPV you haven't been exposed to and decrease your chance of future HPV related diseases. Past HPV infections don't necessarily protect you from future infection, even if it is the same type.

Contact Us

BC Cancer Cervix Screening
801-686 West Broadway Vancouver, BC V5Z 1G1

Phone: 1-877-702-6566

Email: screening@bccancer.bc.ca

Web: www.screeningbc.ca/cervix

Your personal information is collected and protected from unauthorized use and disclosure, in accordance with the Personal Information Protection Act and, when applicable, the Freedom of Information and Protection of Privacy Act. This information may be used and disclosed only as provided by those Acts, and will be used for quality assurance management and disclosed to healthcare practitioners involved in providing care or when required by law. Any questions regarding the collection of the information by BC Cancer can be directed to the Operations Director, Cancer Screening (address: 801 – 686 West Broadway, Vancouver BC V5Z 1G1, web: www.screeningbc.ca or email: screening@bccancer.bc.ca).