



LEEP Information and Consent Form

(Loop Electrosurgical Excision Procedure)

PURPOSE

The Loop Electrosurgical Excision Procedure (LEEP) is used to diagnose and treat abnormalities of the uterine cervix. Cervical dysplasia occurs in a mild, moderate and severe form; mild forms can usually be observed since many will self-resolve over time. The treatment options are individualized by each patient's age, risk factors and preference. Dysplasia is considered a precancerous condition in the severe forms but can be removed completely with a wire loop utilizing electrosurgical technology in the office with excellent results and recovery. This procedure surgically shaves the outer layer of the cervix and is usually performed under local anesthesia.

A LEEP cone biopsy may be performed either in the office or at an outpatient procedure center. Complications are rare, however they may include: perforation of the uterus, infection, excessive bleeding, allergic reactions to local anesthetic, cervical stenosis or cervical incompetence. Inform us if you have a: severe anemia, blood clotting problem, heart disease, pelvic infection, extreme anxiety, pregnancy or a health condition that I have not informed you about yet. If so, you have been cleared medically before the procedure.

PREPARATION BEFORE THE PROCEDURE

A complete history will be obtained along with your last menstrual cycle, possibility of pregnancy and allergies particularly to iodine or lidocaine anesthesia. Patients do not need medication before the procedure; however, taking 3 or 4 Advil or Motrin 200 mg tablets orally ½ to 1 hour before the procedure is advisable. Including preparation, the procedure takes less than 15 minutes.

RECOVERY AFTER THE PROCEDURE

Most patients will have very light bleeding and discharge of blood and a greenish dark coagulation solution used to stop bleeding from the biopsy site. The biopsy site will usually heal and regenerate without any further treatment. Patients may experience bright red bleeding when the clot falls off the cervix and need to return for additional coagulation cream treatment. Since only local anesthesia is used, most patients are able to return to work or drive immediately after. We recommend for patients to avoid heavy lifting for 10 days after a cone biopsy and abstain from tampons or vaginal intercourse until after their 3-4 weeks postoperative.

There is no guarantee that the pathology results will detect or remove all abnormalities. The results assist us in making recommendations regarding treatment options for any persisting abnormal cervical cytology. Not all LEEP Cone procedures can be completed in the office. If needed, an alternative hospital procedure under general anesthesia will be offered. You should avoid heavy lifting during this same period of time. Call the clinic if you have heavy bleeding or bleeding that lasts for more than one week, fever, chills, abdominal pain, or a foul vaginal discharge.

Your care, comfort and safety are our priority. The results from the pathology department should be available within 5 working days. Please make your next follow-up appointment in 3 weeks. If you wish to be informed regarding the results of the pathology report before your next visit, please call us in 5 working days after your procedure to leave a message and expect a call back within 2 days.

ALTERNATIVES TO SURGERY

The decision to the LEEP procedure rests upon the patient, utilizing information provided by her physician. The alternative of doing nothing is always an option. Specific alternatives should be discussed with your physician.

I have read the above information on LEEP procedure and its possible complications and understand the material. I also understand that there is no guarantee of the results of the surgery.

Patient Signature

DOB

Printed Name

Date