



Having a large loop excision of transformation zone (LLETZ) treatment

This leaflet aims to help women who are having a loop excision under either a local or a general anaesthetic.

What is a loop excision treatment?

Loop excision is the most common procedure used to treat abnormal cells on the cervix (neck of the womb). A thin wire loop heated by electric current is used to remove the area affected by abnormal cells on the cervix. The area removed will then be sent to the laboratory for examination under a microscope.

Why do I need a loop excision treatment?

You will be offered this if you have/or

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- A moderate or severely abnormal smear.
- Abnormal glandular cells (cells found in tissues that line the inner part of the cervix) on your smear.
- A biopsy that shows CIN 2 or 3 (high-grade pre-cancerous changes).
- A biopsy that shows abnormal glandular cells.
- Your abnormal cells are not visible on the outside of your cervix.
- Have persistent (three or more consecutive) low-grade pre-cancerous changes (CIN1).
- Require large biopsy known as excisional biopsy from you cervix
- Require removal of a broad based cervical polyp/lesion

Our department practises what we call a 'see and treat' policy; therefore, this treatment will be offered at the first visit when you attend due to an abnormal smear test. The procedure will be explained and you will be asked to give consent. A colposcopy examination will then be carried out (see colposcopy leaflet attached).

What happens then?

A fast-acting local anaesthetic injection will be given into your cervix. While it is taking effect, the rest of the equipment will be set up. A sticky pad is attached to your thigh to ensure a safe return path for the electric current being used to avoid injury, and a plastic tube attached to the top of the speculum to circulate cool air.

Some of the anaesthetic can sometimes make you feel a little strange; it can make your heartbeat faster and your legs feel wobbly. If this happens, please do not panic; it is quite normal and will settle quite quickly. Breathe normally and do not worry about shaky legs.

Once we are sure that the anaesthetic is working, a thin electrical wire loop is used to remove the abnormal area – hence the name. The area is then sealed to stop it bleeding with another type of electrical instrument. It is a very safe procedure and takes about 15 minutes.

Occasionally, it may be more appropriate to have the procedure under a general anaesthetic but if this is the case, your clinician will explain everything and arrangements for a future day case admission will be made.

Advice before having the treatment

If you have a period at the time of your appointment, unless it is heavy, the treatment can go ahead. If you are unsure, please contact the colposcopy office for further advice.

If you are taking any blood thinning medications, complex medical history, any mobility problems or you require an interpreter, please contact our colposcopy office once you receive your appointment letter. The admin team will then inform the colposcopist who will contact you for appropriate advice.

We **CANNOT** carry out the treatment if there is any chance that you are pregnant. **Please use reliable contraception while you are waiting for your appointment, even if you do not normally do so.**

If you found out that you are pregnant before your appointment, please do attend for an assessment and review by the doctor or nurse colposcopist. Following assessment, further follow up will be arranged and the treatment can be delayed until you are 3-months post-delivery or at the end of your pregnancy.

What if I have a coil? (intra-uterine contraceptive device, IUS, IUCD)

If you have the contraceptive coil, you should use additional contraception (condoms) for seven days before your appointment, as the doctor will take the coil out before carrying out the treatment. Taking the coil out within seven days of sexual intercourse can result in unplanned pregnancy; therefore, it is important to use additional method of contraception or do not have sexual intercourse for seven days prior to your appointment. You will be asked whether you have had sex in the last seven days when you attend for the treatment. If there is any doubt or concern, the treatment will be delayed until the coil can be safely removed. If it is taken out, it can be replaced six weeks later, at your usual contraceptive service centre (GP or GUM clinic).

Is the treatment painful?

It is usually painless or minimally uncomfortable because of the local anaesthetic used. Some women experience period type pains for a day or two afterwards, but this will settle with standard over the counter painkillers, such as Paracetamol or Ibuprofen.

Does the treatment have any side effects?

- LLETZ is very safe but as with all treatment, there can be complications:
- Up to 50% of women (1 in 2) will experience 10 days of bleeding and discharge, which may be moderate to heavy.
- Many experience pain for a day or two afterwards.
- Bleeding is more likely if you get an infection in the raw area on your cervix. This takes about four weeks to heal.

- If you do get an infection, there will be a smelly discharge or increased bleeding. If this happens, contact your GP for antibiotics.
- In exceedingly rare cases, the bleeding may be severe, and the woman will need to be admitted to hospital.
- Bleeding can occur any time in the two weeks after the procedure because of bacteria living in the vagina causing the blood vessels to open.
- Some women notice a difference in the timing and length of their periods afterwards.
- There is a small chance that as the cervix heals, it scars up, making the canal narrow and makes it difficult for the blood to escape when you have a period. This is called stenosis. This may result in painful periods and or pain in your lower parts of your tummy. Please seek medical advice if you experience these.
- Research suggests that using a loop of less than 10mm deep, there is no associated increase in the chance of pre-term labour or pre-term rupture of the membranes during pregnancy. Deeper and repeat treatments could increase your chance of premature delivery during pregnancy.
- The treatment aims to remove all the abnormal cells but occasionally some get left behind (residual abnormality). Therefore, it is important to attend for your follow-up smear. This will recognize if any abnormal cells and / or if the HPV virus is present. If this happens and you are above 50 years of age you may require repeat treatment.
- Damage to other tissues is exceedingly rare.
- Loop excision does not affect how easy or otherwise it is for you to get pregnant.

Can I bring someone with me?

Yes of course, it is easier to have someone to take you home afterwards although you are safe to drive. You should take it easy for the rest of the day.

What about work?

You can go back to work the day after as long as it does not involve lifting or strenuous activity. If so, you may need to take a few days off. A lot of patients go straight back to work after the procedure, but some may prefer to take it easy for the rest of the day.

What if I am due to go on holiday?

We recommend waiting until after a holiday to have treatment because of the risk of bleeding and restriction with swimming and sex as outlined above. We can re-book you to have your treatment later. Please do not worry that this will cause your problem to get worse; it will not.

Please note that some travel insurance companies will not provide you with health insurance following this procedure. You may wish to rearrange your colposcopy treatment appointment if you are going on holiday or flying within four weeks of the treatment date.

What happens next?

The tissue removed is sent to the lab, and we will write to you with the results, usually within four weeks, but it can take up to 6-8 weeks, depending on the lab workload. We do not give results over the telephone. Sometimes, more treatment is needed. Your doctor or your colposcopist nurse will write to you if this is required. You will be asked to have a smear test six months after treatment to ensure that there are no abnormal cells or HPV virus left behind. This will be done at your GP surgery. For 95% of women this will be all that is needed.

For a few women, the problem returns, and you must have a second treatment. For about 3 in every 10,000 treated women, cancer can still develop and that is why it is so important to have follow-up cervical screening tests (smears).

Very rarely, women may need to have a hysterectomy, but this will all be discussed when and if necessary.

Advice after having the treatment

To keep the risk of infection as low as possible you must avoid:

- Sexual intercourse for four weeks
- Using tampons for four weeks
- Swimming for four weeks
- Taking long soaks in the bath for four weeks (shower instead)
- Undertake excessive exercise for four weeks
- Avoid travel abroad within 4 weeks of treatment

If you have any problems relating to a treatment, you can speak to our colposcopy office by telephoning: 0118 322 7283 or by email at rbft.colposcopy@nhs.net.

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

L Rushamba, RBFT Consultant O&G, October 2022

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