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Having a LLETZ procedure

You are advised to have treatment to your cervix. There are 2 types of cells on the cervix, squamous cells (like skin) and glandular cells. The abnormal skin cells are called CIN – cervical intraepithelial neoplasia. The abnormal glandular cells are called AIS – adenocarcinoma in situ. Most abnormalities are CIN. Both are conditions are a pre-cancer, not a cancer. Both do, however, have the potential to become a cancer in the future. It can take many years for this to occur if no treatment is undertaken. Treatment of CIN/AIS is therefore all about **prevention**.

The skin abnormalities on the cervix are graded 1,2 and 3 – CIN 1, CIN 2 and CIN 3. CIN 1 is a low-grade lesion that will often resolve by itself. Patients with this diagnosis will often be observed, with close follow-up. Some patients will undergo treatment. I will discuss with you which option is appropriate for your individual circumstances.

CIN 2, CIN 3 and AIS are high-grade abnormalities and treatment is recommended as these abnormalities have a higher chance of becoming a cancer.

Treatment is usually by LLETZ, (long loop excision of the transformation zone). This is a wire loop with an electric current running through it. It shaves off the end of the cervix including the area on the cervix where the abnormal cells are. The alternative is called a cone biopsy and is less commonly performed. I perform these procedures in the operating room under either local or general anaesthetic, whichever is more appropriate.

The operation has potential risks and complications. Complications are uncommon. They include scarring of the cervix. This can result in more painful periods, difficulty obtaining pap smears, a reduction in fertility and inability to dilate the cervix in labour, resulting in caesarean section. The risk of scarring is about 1%. Another risk is the development of ‘cervical incompetence’. This increases the chance of premature labour. This complication is also very uncommon. The length of the cervix is monitored carefully by ultrasound during your subsequent pregnancies and if needed, treatment includes vaginal progesterone pessaries or a stitch into the cervix. Risks of this increase with the number of cervical treatments required. Most patients only require one procedure, and subsequent pap smears are then normal.

The procedure is ideally performed in the middle of your menstrual cycle. If you are on the contraceptive pill, skipping the period by continuing onto the next packet of active tablets is usually the easiest thing to do. If you have an IUCD in, it will be removed at the time of the procedure and a new one reinserted 8 weeks later.

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Alternative contraception will therefore be required.

Before the procedure, the Day Surgery Unit will contact you and let you know what time to come in on the day of the procedure. You should have nothing to eat or drink for at least 6 hours before the procedure. For a morning operation, this means nothing after midnight the night before.

The procedure itself takes only a few minutes, so recovering from the anaesthetic is usually straightforward. Pain relief is given while you are asleep so most women are comfortable when they wake up. If you experience some cramping afterwards on the day surgery ward, the nurses will administer analgesia. If you experience cramping at home take regular Panadol and Naprogesic (if you are not allergic to these). You will usually go home a couple of hours after the procedure. Plan to have someone collect you and to have an adult at home with you that night. You may need to take a few days off work during the recovery period. I will supply you with a medical certificate.

After the operation, the cervix takes 3-4 weeks to heal. During this time you will initially notice a small amount of bleeding, like the end of a period, then a brown/yellow discharge for up to 2-3 weeks. If the bleeding is heavy or malodorous, or you have excessive cramping or a fever, this can indicate an infection. Please phone my office if this occurs.

To minimise the risk of bleeding and infection, please avoid intercourse and the use of tampons and douches for 4 weeks. Avoid air travel and swimming for 2 weeks. Avoid anything that increases your heart rate for the first 10 days such as sporting activities and heavy lifting.

Please ensure that you have a follow-up appointment for results 2 weeks after the operation and one for 12 months later. It is at this time a repeat cervical screening test will be performed – most of these results are normal. If the result is normal, the next CST is 12 months later. If it is abnormal then a colposcopy will be done. If you have 2 consecutive, normal cervical screening tests, then you can return to 5 yearly tests. Occasionally repeat treatments are required if the follow-up smears are not normal.