

# Women's Health

## Large Loop Excision of the Transformation Zone (LLETZ)

### **What is a LLETZ ?**

LLETZ stands for large loop excision of the transformation zone. This procedure will remove a small segment of the cervix (lower part of your womb or uterus)

### **Why is this performed ?**

These procedures are performed for the diagnosis and treatment of pre-cancerous cells of the cervix. You should have a clear understanding of your reason for surgery – if not please ask your doctor.

### **What are the alternatives ?**

A LLETZ (large loop excision of the transformation zone) is recommended to treat pre-cancer cells. If you chose not to undergo treatment, there is a risk that these changes would progress to cancer over some years. If you did not have treatment it would be essential for you to have ongoing close follow up via colposcopy.

### **How is this performed ?**

The procedure is usually performed under a general anaesthetic. The cervix is examined using a special microscope called a colposcope (in the same way as you were examined in the gynaecology clinic). For LLETZ (large loop excision of the transformation zone) a fine wire loop charged with electricity is used to shave away the abnormal tissue from the cervix. Because the procedure is so exact and the loop very thin, very little damage is done to the tissues surrounding the area that needs to be removed. The procedure allows for the blood vessels surrounding the area to be sealed.

### **What are the risk of undergoing this procedure ?**

Although the risks associated with a LLETZ (large loop excision of the transformation zone) procedure are low, you should be aware that every surgical procedure has some risk.

### ***There are some specific risks to be aware of in relation to this operation.***

- Excessive bleeding from the cervix, which may need blood transfusion or further surgery, either initially or within weeks of the procedure.
- Infection may be introduced into the cervix, uterus, tubes or abdomen. This may require treatment with antibiotics.
- Sometimes not all the abnormal tissue is completely removed, requiring further surgery.
- Rarely the cervix may be damaged and narrowed leading to painful periods, difficulty in performing adequate pap smears, or problems in the progress of a future labour.

### **What should I do before the procedure ?**

- Any tests or referral arranged at your outpatient stage should have been completed.
- You should continue your regular medications, including the oral contraceptive pill if you are taking this, unless advised otherwise.
- Stop smoking

- Should you develop an illness prior to your surgery, please contact the gynaecology case manager immediately.

### **What should I expect after the procedure ?**

You should be able to leave hospital that day. You will be given specific discharge medication if required, but you may use paracetamol with or without codeine (Panadol, Panadeine) as required (1-2 tables every 4 hours up to a maximum of 8 tablets per day). You should expect a bloody vaginal discharge for several days after the procedure which should settle within 1-2 weeks. A clear discharge may persist for up to 6 weeks. You should be able to return to work the following day, but may require more time off work, depending on the procedure performed. Follow up appointments are very important to ensure that all the abnormal cells have been removed.

### **After discharge from hospital you should:**

- Eat and drink normally
- Remain mobile
- Use sanitary pads (not tampons) if required
- Shower normally (in preference to bathing)

### **You should not:**

- Have intercourse for 4 weeks.

### **What if I have any problems ?**

You should seek medical attention if you experience:

- A fever
- Are feeling unwell
- Offensive vaginal discharge or heavy bleeding
- Severe pain

