LLETZ treatment
An information leaflet for patients
This information is for patients who need a colposcopy and LLETZ treatment. It explains the procedures and what they involve. It also tells you about any risks and what happens afterwards.

What is colposcopy?

Colposcopy is an examination of the cervix (neck of the womb) using magnifying binoculars called a colposcope. It allows the specialist (colposcopist) to have a closer look at your cervix to assess the degree of abnormal change in the cells of your cervix.

What is a LLETZ treatment?

LLETZ stands for ‘Large Loop Excision of the Transformation Zone’ and is the most common treatment for abnormal cervical cells. During this procedure the colposcopist will remove a small cone-shaped piece of tissue (approximately 1cm by 1cm) from your cervix in order to remove the abnormal cells.

Why do I need a colposcopy and LLETZ treatment?

You have been referred to the colposcopy clinic because your cervical smear has shown some abnormal cells. These cells are not cancerous, but your smear has shown that there are pre-cancerous changes of a moderate or severe variety occurring in the cells of the cervix. This means that they could develop into cancer if left untreated or unmonitored. You will therefore need to have a colposcopy to confirm the results and possibly a treatment (LLETZ) to your cervix to remove any confirmed pre-cancerous cells.
Abnormal cells are caused by a very common virus called Human Papilloma Virus (HPV). The virus is spread via sexual contact and in fact, it is detected in up to 90% of women within five years of becoming sexually active. Most women clear the virus naturally, but if it persists, it can eventually cause the abnormal cells.

What will happen at my appointment?
The consultation, including treatment, will take about 30 minutes. You will then be asked to wait around for a short period afterwards. Before the examination itself, you will be asked some questions about your:

- general health
- previous operations
- medications
- allergies
- contraception
- periods (it is important to know the first day of your last period).

You will be asked to undress the lower half of your body only, lie on special couch and cover yourself with a sheet. Once you are on the couch, a nurse will come into the room to assist both you and the colposcopist.

The colposcopist will start by placing a speculum (instrument that holds the vagina open to allow access to the cervix) into the vagina. This will be similar to when you had your smear test. A smear may then be taken and a special solution will be applied to your cervix. This solution helps to identify abnormal areas. This should not be painful, but you may feel the sensation of the colposcopist dabbing something on your cervix.

Any questions?
If you have any questions, please contact your GP or the colposcopy nurse specialists at St George’s Hospital on 020 8725 0221. Please also call (or ask someone who speaks English to call) if you have difficulty understanding or reading this information.

Further information
If you would like more information, you might find it useful to look at the following websites:

- www.nhs.uk
- www.bsccp.co.uk
- www.cancerscreening.nhs.uk
- www.jostrust.org.uk
Using the colposcope, the colposcopist will closely examine your cervix and then proceed to the LLETZ treatment if the examination confirms the presence of moderately or severely pre-cancerous cells. To carry out the LLETZ treatment, the colposcopist will numb your cervix using a local anaesthetic injection, similar to that used by a dentist. Some women find the insertion of the anaesthetic a bit uncomfortable and can experience an increased heart rate – don’t worry, this is perfectly normal.

Once your cervix is numb, the colposcopist will remove the affected area using a heated wire loop. This will not hurt, but you may feel some pressure.

As part of our preparation, the nurse with you will need to place a sticky pad on your leg. This is needed as part of the equipment for the heated wire loop of the LLETZ.

A LLETZ treatment is normally carried out in the outpatient clinic, however arrangements may be made to admit you to the day surgery unit (DSU) if:

- you are not happy to have the treatment under local anaesthetic
- the colposcopist feels that treatment under local anesthetic is inappropriate.

If the changes on the cervix do not look as severe as was first suggested by the smear, then you may simply have a biopsy taken (a small sample of tissue) and/or a repeat smear, instead of LLETZ treatment. This will help the colposcopist establish the exact diagnosis.

Following the examination, the colposcopist will explain the findings and suggested follow-up plan to you. If you have had a treatment, we will ask you to return to the colposcopy department for a cervical smear and HPV test. The HPV test
is carried out using the same sample as your smear, so no additional sample is required. Depending on the results of these tests, your clinician will decide whether you need further visits to the colposcopy department, or whether you should be discharged back to your GP/family planning clinic for a cervical smear in three years. Your test results will be sent to both you and your GP within six to eight weeks. If, after eight weeks you have not received these, please call the results line on 020 8725 1615.

Are there any risks?

There are risks associated with any procedure. Below are the risks particularly associated with having LLETZ treatment:

Short-term risks:

■ There is a small possibility that the biopsy site may become infected. If you begin to notice an offensive (smelly) vaginal discharge please contact your GP.

■ There is a chance that the treatment may not remove all of the abnormal cells. If this is the case you will be monitored more closely after treatment by the colposcopy team.

Long-term risks:

■ The cervix can become scarred and narrowed from the treatment. This is more common after two or more treatments. A single treatment is not known to significantly affect your ability to conceive.

■ There is a 1% increase to your risk of pre-term labour (delivering a baby earlier than the expected due date). However, it is felt that the risk of developing cervical cancer far outweighs this.

If you are pregnant and require treatment it is important that you tell us so that we can delay the treatment until after the delivery of the baby, if possible.

What can I do to help my cervix?

Research has shown that cigarette smoking is strongly associated with the presence of abnormal cells on the cervix and to the persistence of these abnormal changes. We strongly advise women to give up smoking. For further help on this matter, please telephone Quit Line on 0800 1690169.

What happens after I leave hospital?

We advise that you do not return to work on the day of your treatment. You will be able to resume work or normal activity the next day. You can expect to have bloodstained discharge for up to four weeks. During this time you should:

■ use sanitary pads rather than tampons
■ avoid sexual intercourse
■ refrain from swimming
■ not have baths (shower only, if possible).

When the cervix has healed the discharge will stop. If the bleeding becomes excessive at any stage or the discharge becomes offensive (smells unpleasant), then either call:

■ your GP
■ the colposcopy nurse specialist on 020 8725 0221.

Alternatively you may wish to attend A&E.

Sometimes, the bleeding becomes heavier about two weeks after the procedure. Unless it is significantly heavier than a normal period, or you are changing pads every hour, there is no cause for concern.