Patient Advice

Loop electrosurgical excision procedure (LEEP), cervical conization, surgical removal of uterine cervix, plastic surgery of uterine cervix.

Uterine cervix

The uterus, commonly known also as the womb, is a hollow muscular organ of the female reproductive system that is responsible for the development of the embryo (fetus) during pregnancy. The uterine cervix plays major role in the second half of pregnancy when it serves as the uterine closure, "keeping" the fetus inside the womb. During labor the cervix must open and dilate for the baby to pass. During childbirth it is often injured. Although the injuries are treated after childbirth, sometimes they do not heal completely. Poorly healed cervix may cause a number of difficulties, e.g. bleeding after intercourse, spotting outside the regular menstrual cycle, recurrent vaginal discharge.

Malignant tumor may be another significant cervical disease. This is the most common malignant tumor in females. In order to find out about suspicious development of this serious disease, cytology smear tests (examination of the cells collected from the cervix) are made at regular preventive check ups, and colposcopy (vaginal and cervical examination by an optical instrument) are made. There are several stages of precancerous changes. Based upon your age, your intention to have children, and also seriousness of the case, your doctor will propose some procedures for dealing with the changes.

The basic procedure in both cases described above (bleeding or malignancy) is cervical conization.

Surgery

During this surgery, the outer portion of the cervix, the so called conus, is removed for diagnosis and treatment. The removal of abnormal cells in the cervix may be done by two surgical methods: conization by electrical loop (LEEP) or by classical conization. LEEP uses a low-voltage electrified wire loop to cut abnormal tissue by which bleeding from the wound is stopped. In classical conization, the conus is cut away by scalpel (surgical knife) and the wound is closed by dissolvable stitches. The conus is sent for a histology examination to determine the nature and seriousness of changes in the uterine cervix.

The surgery is performed in general anesthesia (after the patient falls asleep) or less frequently in local anesthesia (local insensitivity to pain).

Before surgery an internal medicine preoperative evaluation is required.

Complications

Massive bleeding during the procedure and/or in postoperative period are quite rare. Most commonly, just light bleeding occurs, however, in some cases it may result in surgical removal of the uterus. These cases are extremely rare but cannot be ruled out completely. Similarly rare are the inflammation complications, when antibiotic treatment is necessary. On very rare occasions, the nearby organs may be injured (urinary bladder, rectum).
Precancerous changes may recur, and therefore, in these cases, the follow-up monitoring is required also after the surgery.

After LEEP the patient remains in hospital until the evening or the next morning. Slight lower belly cramping may be relieved by pain killing medication. In case of surgery, spotting and/or light bleeding for one or two months may occur. Intercourse should be avoided for at least one month, and for four weeks taking showers only is recommended.