Loop Excision of the Cervix

What is electrosurgical loop excision?
Electrosurgical loop excision or “loop” is one type of surgical treatment to remove abnormal cells from the cervix. A small wire loop instrument, using a special electrical current, is used to remove abnormal tissue from your cervix. Usually one to two small pieces of the cervix (about the size of a thimble you put on your finger when sewing) are removed. These samples are sent to a pathologist to make sure all of the abnormal cells are removed and to check if more serious disease is present. Following loop excision, normal cells slowly replace the area where the abnormal cells were. Most women heal so well that it is usually difficult to tell afterwards that they have had surgery.

Why do I need loop excision?
Your last Pap smear detected abnormal cells on your cervix. A cervical biopsy taken during your previous colposcopy exam also confirmed that abnormal cervical cells are present. These abnormal cells are not cancer. A normal cell must go through many stages or changes before it becomes cancer. The abnormal cells on your cervix are called cervical dysplasia. Dysplasia describes cells that are no longer normal but have not yet become cancerous. These abnormal cells may eventually turn into cancer. In order to prevent you from developing cervical cancer later, these abnormal cells must be removed. Loop excision is one of the ways that abnormal dysplasia cells are removed from the cervix.

When will the loop procedure be done?
Please schedule your appointment for loop excision treatment immediately following your next menstrual period. Loop excision should not be done right before or during your period. We do not use the loop procedure on women who are pregnant. If there is any chance that you are pregnant, please notify us now. Loop excision also should not be performed when you have a cervical or vaginal infection. If you have an abnormal vaginal discharge, a discharge with a bad odor, itching on the vaginal lips, fever or pelvic pain, please notify us immediately.

Where will the loop procedure be done?
The loop procedure will be done at the MCGHealth Gynecologic Cancer Prevention Center, probably in the same room where your colposcopic exam was done. There may be a video screen in the room that will allow you to see what we do, if you wish. You will not have to go to an operating room or stay in the hospital.

What should I do to prepare for the treatment?
- The best thing to do in preparation for your appointment is to relax. There is no need to worry. We have now identified what caused your abnormal Pap smear. The good news is that it can be easily and quickly treated.
- You may take 400 mg of ibuprofen (two Advil tablets) or the medicine that you normally use for bad menstrual cramps at least one hour before the loop treatment. The medication will reduce the menstrual-like cramping you may feel during or after the procedure.
• If you have bleeding problems (hemophilia), have a heart pacemaker, take a blood thinner (such as daily aspirin, coumadin, heparin), experience poor healing, have an allergy to any medicines or iodine, a history of diabetes or a heart valve problem, please notify us before the procedure.

• You will be asked to remove all metal jewelry before the procedure. Therefore, you may want to simply leave your metal jewelry at home.

What happens during the procedure?
The procedure, as well as the risks involved, will be explained to you. You will be asked to sign an informed consent stating that you understand the risks and potential complications involved in the procedure and that you agree to have the treatment. Next, you will lie on the examination table with your feet supported by stirrups. Your cervix will carefully be visualized using a vaginal speculum and colposcope. A large patch, which will feel cold, will be placed on your upper thigh. This patch removes the electrical energy used for the cutting procedure from your body. You shouldn’t feel the energy enter or leave your body. Using a colposcope, a kind of microscope that stays outside of your body, your cervix will be magnified. To identify the abnormal cells once again, your cervix will be painted with vinegar that makes the abnormal cells temporarily turn white. Then an iodine solution that makes abnormal cells turn yellow and normal tissue turn brown will be applied to your cervix. The cervix will then be numbed with several injections of numbing medicine. The anesthetic medicine is similar to the kind you may have received at the dentist’s office prior to having a cavity filled. Some women do not feel the injections, while others may feel a quick pinch. Next, you will hear a sound like a vacuum cleaner. This sound is made by a smoke evacuator that will remove smoke from the site of surgery. You may smell a smoky odor during the procedure. The loop instrument is then used to remove the abnormal tissue from the cervix. When all the abnormal tissue has been removed, the base of the cut will be cauterized to stop any bleeding. This means that a special electrical current will be used to seal blood vessels closed. A thick mustard colored medicine will then be swabbed on the cervix to stop any further bleeding. The actual loop surgery only takes a minute or two. After the abnormal tissue is removed, it is sent to a laboratory for careful microscope examination. The entire procedure is usually completed in less than 30 minutes.

How effective is loop excision?
A single loop excision treatment can be expected to cure 85 to 90 percent of women. Women with very large or deep lesions may expect a slightly lower cure rate. Treatment failure rates are much higher in women who smoke tobacco products than in women who do not smoke. You can increase the chances of this treatment being successful by not smoking. Finally, your Pap smears may not be entirely normal after loop excision surgery for various reasons. A mildly abnormal result will probably not require further treatment.

What should I expect after treatment?
Immediately following the surgery, you will have a thin pink to clear discharge (due to the surgery) or thick brownish-black discharge (a normal result of the cauterization and chemical agent applied at the end of the procedure). You may feel some mild menstrual-like cramping that can be treated with aspirin, Tylenol, ibuprofen (Advil or Motrin) or the medicine you usually take for menstrual cramps. You may notice some slight vaginal spotting. Bleeding heavier than a normal menstrual period during the first 48 hours after surgery should be reported to us immediately. Slightly heavier bleeding may also be noticed during your next period, but this is generally considered normal.
What are the risks of loop excision?
The loop procedure is considered to be a safe surgery. However, as with any type of surgery, complications can occur. Possible complications due to loop excision surgery include:

- **Bleeding:** A small amount of bleeding is expected during loop excision. Occasionally bleeding may be excessive. There are many ways that we can stop bleeding from the surgery. We can use special electrical cautery or chemical agents to seal blood vessels closed or, in rare cases, sew the wound closed. If none of these methods are successful, an emergency radiographic procedure may be necessary to stop the bleeding. It is extremely unlikely that any bleeding would be so severe as to make this necessary.
- **Cervical Stenosis:** As your cervix heals from the treatment, new healthy tissue will grow to replace the abnormal tissue that was cut away. Some women form large scars when cut. Consequently, sometimes the tissue grows back in such a way that the scar tissue blocks or narrows the opening in your cervix. Such a narrowing could make child bearing more difficult or prevent your menstrual flow from coming out from the uterus. If this occurs, you may later require a minor surgical procedure to stretch or reopen the opening of your cervix. Cervical stenosis happens in less than five percent of women who have simple loop excision. Cervical stenosis occurs more frequently in women who do not have periods, or have abnormal cells removed from deep inside the cervical opening by a conization procedure.
- **Cervical incompetence:** As your cervix heals, the opening may not heal as narrow or tight as it was before treatment. If a larger opening results following loop excision and you become pregnant, complications could occur in maintaining the pregnancy. This problem is easily solved by temporarily sewing the cervix opening closed and then cutting the stitches when it is time to deliver the baby. Cervical incompetence is more likely to happen if abnormal cells were removed from deep inside the opening by a conization procedure.
- **Infection:** There is a slight risk (less than five percent) of infection of the pelvic organs following surgery. This is particularly true if you have a vaginal or cervical infection before loop excision. If you experience pelvic pain, fever and a vaginal discharge with a bad odor after treatment, it is possible that you have an infection. See us immediately so that we can evaluate and then treat these infections with antibiotics.
- **Pregnancy complications:** Women who have loop excisions have greater rates of premature deliveries with future pregnancies than women who have not had a loop excision.

How should I take care of myself after the treatment?

- Do not have sexual intercourse for one to two weeks to allow the wound to heal.
- Do not douche or use tampons for one to two weeks.
- If spotting or bleeding persists longer than two weeks, call us.
- A brownish-black or pink vaginal discharge is normal for a few weeks. However, if a foul smelling vaginal discharge develops and is accompanied by pelvic pain and fever, call us immediately.
- If you develop brisk, bright red bleeding with clots, call us immediately.
- If you smoke tobacco products, stop.
• **Most importantly**, return for an examination and follow-up Pap smear and colposcopy six and 12 months following the surgery. We cannot determine if your treatment was successful until you have had two consecutively normal Pap smears six and 12 months after treatment. Therefore, keeping these appointments is extremely important. Please notify the office if you are unable to come for any of your follow-up visits. Also notify us of any changes in your address or telephone number. In the event that your treatment was not successful, your follow-up Pap smears and exams should detect the remaining or new abnormal cells to allow us to treat the abnormal tissue again to prevent it from becoming cancer.

• Provided your Pap smears are normal during the first year following surgery, you must have a Pap smear once a year for the rest of your life.

**What should I do if I can not come to my appointment?**
Occasionally, patients are not able to come for their scheduled appointment for various reasons. If you do not notify us to cancel your appointment, other women who need an appointment cannot be seen. Please call us as soon as possible if you know you will be unable to come.

**Who can I contact if I have questions?**
We are glad to answer any questions you may have. It is normal that you may be a little nervous about this procedure, just as you would be before any type of surgery. It may be comforting to keep in mind that we have performed electrosurgical loop excision surgery extremely well for many years. If you have any questions prior to or following surgery, please call the triage nurse at the MCGHealth Gynecologic Cancer Prevention Center at 706-721-6744.