Treatment of Cervical Abnormalities (LLETZ)
Performed under general anaesthetic

Patient Information
Even if your surgeon has told you about your operation, many of us do not take in everything mentioned in the clinic, so this booklet is to help you understand your condition and the reason for the treatment you are going to have.

As we are all different, it is not possible to personalise this information, so there may be differences between your individual case and the information given here.

If there is anything you are not clear about, you should ask your consultant or a member of his/her team (doctors or nursing staff). There are some phone numbers later in the booklet if you need to contact us.

**Why do I need treatment?**

Following your recent cervical smear test and / or examination of the cervix, you have been advised that you may need treatment to the abnormal cells of the cervix. For the majority of women it is highly unlikely that it is cancer. It usually means that the cells are showing changes which may be pre-cancerous.

Your results will be discussed with you in more detail when you attend for your appointment.

The pre-cancerous condition is known as CIN (Cervical Intraepithelial Neoplasia). The aim of treatment is to prevent potential pre-cancerous changes from developing into cancer by destroying all the abnormal cells, with the minimum of disruption to normal healthy tissue.

There is a 95% chance of cure with a first-time treatment, with only a minority of women requiring further treatment.

**What is a LLETZ procedure?**

**LLETZ** = **L**arge **L**oop **E**xcision of **T**ransformation **Z**one

The abnormal cells are cut away using loop diathermy. This is the main treatment performed at both The James Cook University Hospital and The Friarage Hospital.

**What does a LLETZ treatment involve?**

A loop of fine wire is heated by electricity and is used to cut through and remove the section of cervix containing the abnormal cells.

With this procedure it is possible to keep the section of cervix for sending to the pathology laboratory for diagnosis and is the only way to determine whether further treatment may be needed.

Although the majority (95%) of LLETZ procedures are performed in the colposcopy clinic using a local anaesthetic, sometimes it is necessary to perform the procedure in theatre with a general anaesthetic and a short recovery period.

**Are there any alternatives?**

The abnormal cells my also be destroyed using Laser Ablation of the cervix, Cryocautery or Cold Coagulation.
Are there any complications or risks associated with LLETZ?

We know there may be complications, following various gynaecological operations or procedures, that are not particularly serious but do happen more often.

These frequently occurring risks include: pain, bruising, anaemia, post-treatment scarring of the cervix (stenosis), urinary frequency / loss of control, mild infection, fatigue / tiredness.

Are there any ‘more serious’ risks?

It is also known that more serious risks are present in certain circumstances in these operations. These risks are rare but are significantly increased in those patients who smoke, are obese, or have underlying medical problems. The more serious risks are as follows:

Infection … This may occur in the bladder, within the treated area of the cervix or in the chest. Infections are usually easily treated with antibiotics. Patients are encouraged to follow the recommended post-operative breathing exercises as described at the end of this booklet and to reduce or stop smoking if possible.

Bleeding … This may occur during the procedure or at any time up to 14 days afterwards and, rarely, may be sufficient to require a transfusion.

Visceral injury … This is essentially injury to the bowel, bladder or urethra (the tube leading from the bladder). This type of injury is very rare, the risk being increased if there is scar tissue present from previous operations. If there is a visceral injury to the bladder or bowel then it may need to be repaired by laparotomy operation which is an abdominal incision (tummy cut) and you would need a longer stay in hospital afterwards. These complications would usually be found during the operation and be dealt with immediately. In rare cases the problem may not become apparent for a few days after the LLETZ procedure and it may be necessary to go back to theatre for a second operation to resolve the problem.

Deep vein thrombosis (DVT) … following a LLETZ procedure, it is very rare but possible, for clots of blood to form in the deep veins of the legs and pelvis. If this does occur, a deep vein thrombosis would cause pain and swelling in a leg and can be treated relatively simply with drugs. The risk of developing a DVT is minimal, as many precautions are taken to help prevent and minimise the risks. These include reduction of smoking in the weeks before your operation, the use of special equipment in the operating theatre and if you have any medical indications (such as a previous DVT yourself, or family history of DVT) we would also use support socks or sometimes medication to ‘thin the blood’.

Pulmonary embolism … once again it is very rare but possible for a clot to break away and be deposited in the lungs or heart. If this occurs it is a serious situation and will need immediate treatment with drugs. The precautions against pulmonary embolism are the same as for DVT

LLETZ should not be performed if you are pregnant or if you have an infection.

All operations carry some risk of death.
If you do have any concerns about the risk of complications, please discuss them with the consultant or a member of his/her team (doctors or nursing staff) and your questions will be answered as clearly and as honestly as possible.

What happens before the operation?
You will probably have had some MRSA swabs taken at the end of your appointment with the consultant, then filled in some medical forms for us and had your weight, height, pulse and blood pressure recorded.

Depending on your general health and age, some blood samples and further tests may be needed such as a heart tracing (ECG - Electocardiogram), a chest x-ray or a lung function test. You may also need to see a doctor who may listen to your chest and take a more detailed history of your medical problems for the Anaesthetist. Should these be necessary you will receive an appointment in the post for a pre-assessment appointment. You will already have had your operation explained to you by your consultant so he/she is not usually present at the pre-assessment and there is not usually any need for an internal examination. You will however, have the opportunity to ask the nurse any questions you might have.

You may be given an appointment for a pre-admission phone call to make sure your general health has not changed since we last saw you, that you have understood the information you have been given, that your hospital paperwork is complete, and also make sure the arrangements we have made for your return home after the operation are right for you. If so, you will have a telephone conversation with a nurse or healthcare assistant.

Your anaesthetist would prefer you to stop, or at least reduce, cigarette smoking in the weeks before your operation as smoking is known to increase the risk of anaesthetic complications, for example breathing difficulties, coughing, nausea and sickness and chest infection.

To reduce the possibility of skin infection, we request you do not shave your bikini-line during the week before your operation.

Admission into hospital
Do not have anything to eat or drink as instructed in your admission letter. Do not suck sweets or chew gum. As you will be admitted on the day of your operation, you will need to take a bath or shower at home and take off as much of your jewellery as possible although we are able to cover wedding rings / bangles if you are unable to remove them. To reduce the possibility of any damage to your eyes, it is very important you remove all mascara and wear glasses instead of any type of contact lenses. Please wear comfortable clothes that are not tight around the waist.

You will need to bring a packet of sanitary towels into hospital with you, toiletries, dressing gown, nightgown and slippers, plus any medications that you are currently taking. You may also choose to bring in a book or magazine.

Please be aware that South Tees Hospitals NHS Trust cannot be held responsible for any personal belongings, valuables or money you bring in with you.

Partners or friends may come in to drop you off but unfortunately we do not have the facilities to let them stay with you.
For patient confidentiality, you will be asked if you are expecting any telephone enquiries. If an unexpected enquiry is received, the person calling will be told that you are not present.

If you are unsure, you may phone the nursing staff on the contact numbers at the end of this booklet.

**What happens on the day of the operation?**
You will be provided with a gown on arrival and the nurses will advise you to put it on at the right time.

If you haven’t already signed your consent form for the operation, you will be seen by a member of the surgical team who will explain your operation in detail and answer any questions you may have. You will then be required to sign the consent form.

Your anaesthetist may also visit you before your operation but if not, you will meet him/her at the time of your anaesthetic. Any pre-medication prescribed by the anaesthetist will be given by the nurse. You might need ‘support socks’ or a small injection of medication to thin the blood to help reduce the risk of a blood clot developing in your legs or lungs. You will then be transferred to the theatre area accompanied by a nurse and/or a porter.

**What can I expect after the operation?**
When the operation is completed you will be woken up by the anaesthetist and transferred to the recovery area, where a nurse will look after you and stay with you until he/she is satisfied with your condition.

**Surgical Admissions Unit at The Friarage Hospital:** You will be taken back into the unit on your theatre trolley. Your condition will be assessed then you will either remain on your trolley until your discharge home, or you will be transferred from your trolley to a reclining chair or a bed.

**Surgical Admissions Unit at The James Cook University Hospital:** You will be taken back to the ward on a trolley then transferred into your bed.

**Women’s Health Unit/Ward 27 at The James Cook University Hospital:** You will be taken back on a theatre trolley. Your condition will be assessed then you will either remain on your trolley until your discharge home, or you will be transferred from your trolley to a reclining chair or a bed.

During your recovery in any of the areas mentioned above, you will probably be feeling drowsy for a few hours afterwards. You must get help from the nursing staff when you first try to stand up as you may be very unsteady.

**How long can I expect to be in hospital after LLETZ?**
Many patients feel well enough to leave hospital about two hours after LLETZ but you will be advised to stay until you have passed urine. (You will not be allowed to drive yourself home and if you are planning to take a taxi, you will need to be accompanied by a friend or relative). You may be required to stay overnight if you have complicated medical problems.
What happens when I go home?

Anaesthetic drugs remain in the body for twenty-four hours and gradually wear off over this time. If you have nobody to stay with you for the first twenty-four hours, you will need to stay in hospital overnight. Our pre-admission staff will arrange an overnight stay should you need it but if a bed is not available, your operation date may be affected. If you do not have pre-admission, please contact the area you are being admitted to, or contact your gynaecologist’s secretary.

As you will be under the influence of drugs it is very important to follow these instructions for 24 hours after your anaesthetic:

- Do have a responsible adult with you in your home
- Do not drive a car, or any other vehicle, including bicycles
- Do not operate machinery or appliances such as cookers or kettles
- Avoid alcohol
- Do not lock the bathroom or toilet door, or make yourself inaccessible to the person looking after you
- Drink plenty of fluids and eat a light diet, avoiding heavy or greasy foods
- Take things easy the day after your operation and do not attempt to go to work
- Do not make important decisions, or sign any important documents
- Do not smoke as it may cause nausea, vomiting, dizziness or fainting

You may experience some discomfort following the procedure:

- Some discomfort similar to period cramps may be present and simple painkillers such as paracetamol or codeine should provide effective relief.
- Some discomfort or bruising in the area of your anaesthetic injection that may last for seven to ten days.
- A sore throat for several days.
- You should rest for one or two days following a LLETZ procedure but should be able to resume normal activities after two to four days. Returning to work is up to the individual concerned. You are the best judge of how you are feeling.

What happens after treatment?

You may experience some bleeding / vaginal discharge after treatment. This might not start straight away and may last as long as four weeks. The discharge may be anything from slight spotting to a flow as heavy as an average period. It should not be excessive or offensive. If the bleeding is so heavy as to be ‘trickling’, or if you are worried in any way, please contact the Nurse Advice Line during weekday office hours. For urgent advice out of office hours or at the weekend, you may contact The James Cook University Hospital, ward 27 on 01642 854527, regardless of where you had your treatment.

If you feel you require urgent help, please contact your GP or access your local Accident and Emergency Department.

Pads should be worn in preference to tampons during this time. This helps to reduce the risk of infection and allows the cervix to heal as quickly as possible.
Your next period may be slightly heavier than usual and you may pass some clots. This is normal and will sort itself out over the next couple of months. Treatment does not usually affect the menstrual cycle.

Try to refrain from having sexual intercourse for about four to six weeks following treatment. This allows the cervix time to heal and strengthen and helps to reduce the risk of infection.

You can carry on with your normal everyday activities. It is however, sensible to avoid strenuous exercise and heavy lifting for two to three weeks after treatment, and to avoid the use of public swimming pools or spas until the vaginal discharge stops.

You should bathe or shower as preferred but do not attempt to douche (wash) inside the vagina. Avoid the use of talcum powder, vaginal deodorants, heavily-perfumed soaps and bubble baths, as they may cause irritation and increase the risk of infection.

What about getting pregnant?
A single treatment will not affect your fertility, nor will you be at any greater risk than normal of having a miscarriage. Ideally, we recommend that you have at least one negative smear six months after your treatment before trying to conceive. If however, you do become pregnant, do not worry. It is safe to perform smears (and if necessary, colposcopy) throughout pregnancy without affecting the well-being of the pregnancy.

What about follow-up?
Follow-up care and management plans will usually continue with the Colposcopy Clinic staff.

We will write to tell you about your biopsy results and will send you a follow-up appointment as soon as the results are known (usually between two and four weeks after the treatment procedure).

It is important that you are aware that, having had treatment for pre-cancerous changes of the cervix, you must continue with regular follow-up. There is a small chance that abnormal cells may return in the future, but providing you attend for smears when you are invited to do so, any abnormal cells identified will be dealt with promptly.

The frequency of follow-up is determined by the highest degree of CIN confirmed on histology and we will advise you fully of your recommended follow up plan.

If you have any of the following symptoms, you should contact your GP:
• Vaginal bleeding, which is heavy and fresh, bright red or the passing of clots
• Pain which is severe and not controlled by your recommended painkillers
• A smelly vaginal discharge.
• Feeling unwell, hot and feverish.
• Pain in the calf muscles or chest.
Breathing exercises

The recommended breathing exercises mentioned should help maintain a clear chest, tone up muscles and ease wind pain following surgery. Start this exercise as soon as you wake up from the anaesthetic and do regularly until you increase your walking.

Bend your knees up with feet flat on the bed, breathe in through your nose until your lungs are as full as possible, then relax as you breathe out through your mouth. Repeat five times every half hour or so, and follow with two huffs.

Huff: Position as above with hands or pillows supporting any area of discomfort. Take a medium breath in, then force the air out quickly through an open mouth, as though you are trying to mist up a large mirror. Follow this with a cough – take a big breath in first, and do not worry about this doing any damage in the area of your surgery.

Foot and knee exercises: These should help the circulation and help prevent clots from forming in your legs. Repeat every time you do your breathing exercises and until you are walking about. Bend feet up and down at the ankle firmly and quickly. Draw circles with your feet. Press back of the knees into the bed and tighten up the thigh muscles.

Useful web sites for further information

- Cancer Research UK: www.cancerhelp.org.uk
- www.cancerscreening.nhs.uk
- www.jotrust.co.uk
- The British Society for Colposcopy and Cervical Pathology: www.bscfp.org.uk

As South Tees Hospitals NHS Trust have not personally produced the websites listed we therefore cannot accept any liability for their content.

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<th>The James Cook University Hospital</th>
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<tr>
<td>Appointments Desk:</td>
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<tr>
<td>01642 854861 / 282714 / 854883</td>
<td>01609 764814</td>
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<td>Gynaecology Outpatients Dept. (Including Pre-admission Service): 01642 854243</td>
<td>Gynaecology Outpatients Dept: 01609 764814</td>
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<tr>
<td>Surgical Admissions Unit: 01642 854603</td>
<td>Pre-admission Service: 01609 764845 / 01609 763769</td>
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<td>Women’s Health Unit / Ward 27: 01642 854527</td>
<td>Surgical Admissions Unit Reception: 01609 764847</td>
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<td>Nurse Colposcopist Advice Line: 01642 282790</td>
<td>Nursing Staff: 01609 764657</td>
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We hope you have found this information helpful. Please remember our staff will be happy to answer any questions you have about any aspect of your care and welcome any comments about this leaflet.
Comments, compliments, concerns or complaints

South Tees Hospitals NHS Foundation Trust is concerned about the quality of care you receive and strives to maintain high standards of health care.

However we do appreciate that there may be an occasion where you, or your family, feel dissatisfied with the standard of service you receive. Please do not hesitate to tell us about your concerns as this helps us to learn from your experience and to improve services for future patients.

Patient Advice and Liaison Service (PALS)

This service aims to advise and support patients, families and carers and help sort out problems quickly on your behalf.

This service is available, and based, at The James Cook University Hospital but also covers the Friarage Hospital in Northallerton, our community hospitals and community health services. Please ask a member of staff for further information.

References (further reading)


All information contained in this booklet, as advised by: The Gynaecology Medical and Nursing Team at The James Cook University Hospital.