

Pre-treatment information on Loop Diathermy (LLETZ)

Introduction

The information in this leaflet aims to answer some of the commonly asked questions about having a loop diathermy treatment. The leaflet also contains information which will help explain the benefits and risks as well as what to expect when having the treatment.

Your doctor, or nurse specialist have recommended loop diathermy because they believe this is the best way to get an accurate diagnosis and completely remove the abnormality.

If you have any further questions or concerns after reading this leaflet, please contact the advice line. The telephone number is at the end of this leaflet.

What is loop diathermy (LLETZ)

Loop Diathermy (LLETZ) is used to treat an abnormality (something that is not normal) on their cervix (neck of womb), which has been found in the tissue sample taken at your last appointment. The grade of abnormality reported is known as Cervical Intraepithelial Neoplasia (CIN).

Please read leaflet GHPI0298 'The Colposcopy Clinic', sent with your appointment letter, as this gives you information about CIN in more detail.

Reasons for treatment

Your biopsy results may have shown either CIN 2 or CIN 3, or persistent CIN 1.

CIN 1 – these are fairly minor changes with a very low risk of going on to become cancer and will usually go back to normal by themselves. Treatment is not normally needed unless the cells continue to be abnormal.

CIN 2 and 3 and **CGIN** (Cervical Glandular Intraepithelial Neoplasia) – these are more serious changes and, if you have not already had treatment at your first visit, you will be asked to come back to have the abnormal area removed.

Reference No.

GHPI0790_08_23

Department

Gynaecology

Review due

August 2026

**Patient
Information**

Treatment

Loop diathermy (LLETZ) is the best treatment for CIN. This procedure is usually performed under local anaesthetic (medicine used to numb the cervix). However, occasionally it may be done under a general anaesthetic (while you are asleep) as a day case procedure; this will be discussed with you should it be necessary.

Loop diathermy treatment removes the abnormal tissue with a small heated wire loop which has an electrical current running through it. The cervix is then sealed with the electrical current to keep bleeding to a minimum. This procedure only takes about 15 minutes, and is usually carried out in the same setting as your first appointment.

If you have an Intrauterine Contraceptive Deceive (IUCD), also known as the coil, in most cases the treatment can still be carried out with the coil in place, but there is a risk that the coil threads may be cut through during treatment.

This would leave the threads shorter but this will not stop your coil from working effectively. If your coil is due to be removed then we can do this for you during the procedure.

We recommend that you either avoid having sexual intercourse, or use condoms for 7 days before your appointment. This is to prevent the risk of pregnancy.

Options will be discussed with you in more detail at your appointment. If you request the coil to be removed then your GP can insert a new one 6 weeks after your treatment. It is very important to use a different form of contraception or to avoid having sexual intercourse until your new coil is fitted.

Will I have any pain?

You will have an injection of local anaesthetic to numb the cervix before the treatment is carried out. You should not feel any pain during the procedure although you may feel some pressure on your cervix.

It is unusual to feel discomfort after the treatment however, you may experience a mild period-like discomfort. If this happens, we advise that you take simple pain relief such as paracetamol (please follow the dosage instruction on the packet).

Patient Information

Recovery

Most women are able to return to their normal activities, including light exercise, the same day. We recommend that you can return to work depending on how you feel. You should take into consideration the demands of your job as heavy lifting should be avoided at first. If required, **you** should be able to self-certify sickness for 7 days.

For 4 weeks after your appointment, you should use sanitary pads, not tampons. You should also avoid having sex as this will help to prevent infection and allow the cervix to heal.

You can shower or bath as normal following the treatment but you should avoid swimming for 4 weeks to minimise the risk of infection.

For the first week following treatment, some women will have bleeding much like a period, followed by a blood-stained vaginal discharge, which may continue for up to 3 weeks. The discharge can sometimes become watery and yellowish in colour.

Bleeding is part of the normal healing process and the amount of loss varies from woman to woman. However, if your blood loss becomes excessive or smells very unpleasant and you have pain in your lower abdomen that does not get better with simple pain relief, then please contact your GP for advice. You may need treatment with antibiotics.

You may find that your next period is heavier than is usual for you and there is a possibility of a temporary change in your menstrual cycle (periods). If this continues to be a problem, please discuss with your GP.

Results

The tissue removed from your cervix will be sent to the laboratory for further tests. The results will be sent to you and your GP within 2 to 4 weeks, along with information about any follow-up that may be needed.

**Patient
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Follow up

In 95 out of every 100 cases, a single treatment is effective at removing the abnormal cells. However, about 1 in every 20 women will find that abnormal cells continue to develop despite the loop diathermy and repeated treatment may be needed. Because of this, follow up cervical cytology is very important to make sure you have been successfully treated.

Everyone who has had treatment will need to have a cervical cytology test 6 months after their treatment. The cells taken from this cervical cytology test will look for evidence of High Risk (HR) HPV that can cause cervical cell changes. HPV testing helps identify who may be more at risk of developing cervical cell changes. Please see leaflet GHPI0787 Human Papillomavirus (HPV) information.

If you have a negative result for the most common types of HPV it means it is highly unlikely that you will have any further abnormal cells. You will not need another cervical cytology test for 3 years. However, depending on the result of the loop diathermy treatment, some patients may be recalled for an additional cervical cytology test 18 months after treatment.

If (HR) HPV is detected or the results show an abnormality you will be referred back to the Colposcopy Clinic for more tests.

Risks associated with loop diathermy (LLETZ)

It is important to remember that LLETZ is by far the best treatment of Cervical Intraepithelial Neoplasia (CIN).

This treatment should not affect your ability to become pregnant. However, some studies have suggested that the treatment may slightly weaken the cervix and can slightly increase the risk of premature delivery. Whereas other studies have also shown that if you have ever had any pre-cancerous changes on the cervix you are at a slightly higher risk of early labour than women who have not had these changes. We therefore consider that one loop diathermy treatment is unlikely to have an effect on fertility or increase in preterm labour.

There is a very small increase in the risk of a second trimester miscarriage. If you fall pregnant after having this treatment, we advise you to inform your GP and midwife that you have had loop diathermy treatment.

Patient Information

Following loop diathermy there is a very small risk (less than 2 out of every 100 women) that the cervical os (small opening of the cervix) may become narrower or close over. If this has happened then it may be noticeable during your next cervical cytology test. This is unlikely to cause you any significant problems.

Pregnancy

If you are pregnant, then treatment will need to be delayed. Please contact the department to plan and re-arrange your appointment.

In order to make sure that you are not pregnant on the day of your treatment we ask that you only have protected sexual intercourse leading up to the procedure. If there is a chance you may be pregnant, please inform the doctor or nurse specialist seeing you.

We hope that the information in this leaflet has answered some of your questions and reduced your concerns.

If you need further information, please do not hesitate to contact the Colposcopy Clinic on the numbers listed at the end of this leaflet.

If the appointment date is inconvenient, you are going on holiday soon after or it is likely you may have a period, please rearrange the date as soon as possible so that we can give the appointment to someone else.

Contact information

If you have any questions or concerns about the biopsy or if you need advice, please contact the Colposcopy Helpline.

Colposcopy Helpline

Tel: 0300 422 2385

This is an answerphone service. Your call will be returned between Monday to Friday, 9:00am to 5:00pm

Email: ghn-tr.colposcopyhelpline@nhs.net

Patient Information

If you require urgent medical advice/assistance outside of these hours, please contact either your GP or NHS 111.

NHS 111

Tel: 111

Appointments

Tel: 0300 422 2914

Monday to Friday, 9:00am to 5:00pm

Email: ghn-tr.colposcopybookings@nhs.net

Further information

Further information can be obtained from:

NHS Cervical Screen Programme

Website: www.cancerscreening.nhs.uk/cervical

Email: info@cancerscreening.nhs.uk

Jo's Cervical Cancer Trust

Tel: 0808 802 8000

Website: www.jostrust.org.uk

British Society of Colposcopy and Cervical Pathology

Website: www.bsccp.org.uk

Content reviewed: August 2023

Making a choice

Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation

* Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84: 379-85



<https://aqua.nhs.uk/resources/shared-decision-making-case-studies/>