

THE LEEP PROCEDURE DISCHARGE INSTRUCTIONS

You have just had a procedure called a LEEP (loop electro-surgical excision procedure). The procedure is done to remove an area on your cervix that contains abnormal or potentially pre-cancerous cells.

After the procedure, you will be asked to wait in the waiting area of the office for approximately 10 minutes. This is a safety measure to ensure there is no immediate bleeding following the procedure. Bleeding is not expected, and if it occurs, is usually minimal. If this were to occur, the area would be recauterized.

After the procedure you may expect to:

Eat normally and perform all your daily activities.

Avoid heavy lifting for 7 days.

Experience some slight cramping, for which you may take 2 Motrin (Advil, Ibuprofen) or Tylenol every 4 hours. If cramping persists beyond 2-3 days, call the office.

Experience a small brownish to clear discharge for up to 3 weeks post-procedure. You will likely need to wear a minipad or panty liner. If at any time the discharge has an unusual odor, becomes heavy or bright red, call the office (781-721-4701).

DO NOT:

Place anything in the vagina for 4 weeks. This includes intercourse, tampons and douching.

Engage in any heavy lifting, excessive bending or straining or any strenuous exercise for 4 weeks (i.e. weight machines, squats, running, jogging, kick boxing, and step aerobics).

DO CALL:

IF YOU HAVE PERSISTENT PAIN OR BLEEDING HEAVIER THAN A MENSTRUAL PERIOD

IF YOU HAVE A TEMPERATURE OF 101 OR GREATER

IF YOU HAVE ANY QUESTIONS

BEFORE LEAVING:

You should schedule a follow-up visit for within 3-4 weeks of the procedure.

Your Pap test needs to be repeated within 3-4 months following the LEEP.

Your biopsy report should be available within 10 days. Your physician will review your results in full detail at your post-op visit.

CONSENT FOR DIAGNOSTIC OFFICE HYSTEROSCOPY

Patient Name (Print)

I have explained to the patient the nature of her condition, the nature of the procedure, and the benefits to be reasonably expected with alternative approaches.

Hysteroscopy is performed to find out the cause of disorders that may arise from the lining of the uterus (i.e. polyps, fibroids, adhesions).

I have discussed the likelihood of major risks or complications, including:

1. Bleeding
2. Infection
3. Perforation of the uterus
4. Cramping of the uterus, causing discomfort

I also understand that with any procedure there is always the possibility of an unexpected complication and no guarantees or promises can be made concerning the results of any procedure or treatment.

All questions were answered and the patient consents to the procedure.

Signature of physician

Dr. _____ has explained the above to me and I consent to the procedure.

Date and Time

Patient Signature

Time Out - Non OR setting: Verification of correct patient, procedure side, site, position, equipment and implants was completed, as applicable, just prior to performance of the procedure.

Date

Clinician Signature