

You have had a Lletz treatment. This is usually done to remove abnormal cells from the skin on your cervix (neck of the womb) but can also be done to see if there are any abnormal cells present (diagnostic Lletz).

A very small electrically operated wire loop has been used to remove the area of cervix containing the abnormal cells. The area removed will now be sent to the laboratory for examination. The laboratory will look to see if there are any abnormal cells called CIN (cervical intraepithelial neoplasia) present.

C	Cervical	On the Cervix
I	Intraepithelial	Means that the abnormal cells are limited to the skin and do not go any deeper
N	Neoplasia	Just another word for abnormal cells

CIN is NOT Cancer

CIN is removed because we do not know if it will become cancer or not in years to come.

CIN occurs in different stages:

- CIN 1: mildly abnormal changes in the skin cells
- CIN 2: moderately abnormal changes in the skin cells
- CIN 3: severely abnormal changes in the skin cells
- CGIN: occasionally the abnormal cells come from the 'inside' or entrance to your cervix and this is known as Cervical **Glandular** Intraepithelial Neoplasia

The following are a guide to what may happen next. Your specific management will depend on several factors and will be determined by the colposcopist(s) who performed the treatment.

You will get the results of your treatment in a letter usually in 6-8 weeks.

If your sample contains abnormal cells as expected (CIN 1, 2, or 3) with no complications you will normally be discharged for a smear with your GP in six months' time.

This will be a test for high-risk human Papillomavirus (HPV) followed by a conventional smear if HPV is detected.

This smear is sometimes referred to as a 'Test of Cure' or TOC smear.

Occasionally the colposcopist may decide the TOC smear should be done back in the clinic, you will be informed if this is the case.

If no high-risk HPV is detected you will normally have one further three-year smear and then move onto five yearly if your smears stay normal.

You will be re-referred to colposcopy if any of your future smears are abnormal.

For most people one treatment is enough and your smears will stay negative in the future. However, a very small number may require a second or even a third Lletz if the CIN does not settle, or comes back.

If your sample contains CGIN (cervical glandular intraepithelial neoplasia) then a second treatment is sometimes necessary and the follow up will be different. CGIN is not as common as CIN.

It is actually quite rare to find cancer in a Lletz sample but if cancer is detected then it is usually caught at a very early stage and can be treated very successfully.

What can I expect directly after the Lletz treatment?

You may experience some 'period like' cramping pain; painkillers such as Paracetamol or Ibuprofen can be taken if necessary. Generally, you will not feel any pain 'inside' even once the anaesthetic has worn off.

You will most likely have a blood-stained discharge for a few days which may then change to a brownie/black colour. This loss is generally no heavier than a period. Following this you may have a pink watery discharge for about 3 to 4 weeks.

To enable the cervix to heal and to reduce the risk of infection we suggest that you do not use tampons or have sexual intercourse for a month after treatment.

What are the possible complications?

Occasionally an infection may develop which will produce an offensive or bad smelling discharge or heavier than expected bleeding. This can be easily treated with a course of antibiotics from your GP and you will be given further information about this to take home.

Rarely heavy bleeding may occur and you may need to be seen by your GP, back at the Colposcopy clinic or in casualty if outside office hours.

About 1 in 20 women will need a repeat treatment at some time in the future. Therefore, it is important to attend follow up colposcopy and / or smear appointments.

A single LLETZ treatment is unlikely to cause problems with your chances of getting pregnant in the future. Following treatment there may be a very slight risk of delivering future babies early, however, research suggests that the risk depends on the size of the area treated.

If you need help or advice following your Lletz treatment the clinic can be contacted in office hours: Tel No 02921 842758

Out of hours please contact your GP or the emergency gynaecology unit: Tel No 02921 843857

For general enquiries please contact:
Colposcopy Services office Tel No: 02921 841860
Monday to Friday from 08:30 – 16:00 pm

Leaflet written by Sue Ashman, Nurse Colposcopist,
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**Further Information and
advice following your Lletz
treatment
(Large Loop excision of
the transformation zone)**