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Loop Electrosurgical Excision Procedure (LEEP)

Patient Information and Consent Form

Cervical dysplasia is most frequently discovered by routine pap smear. That diagnosis has most likely been confirmed by a colposcopy and biopsy. The purpose of the LEEP procedure is to excise those abnormal cells. This is done under local anesthetic with a small wire loop. This tissue is sent to a pathologist for analysis. As your cervix heals from the procedure, new healthy cells replace the unhealthy ones. You will be asked to repeat you pap smears on a more frequent basis.

Much like with your pap smear, your doctor will insert a speculum; your cervix will be numbed with a local anesthetic and a mild vinegar and iodine solution will be applied to highlight the abnormal cells. The loop is then inserted through the vagina and abnormal tissue is removed. As your cervix heals following the LEEP, you may experience one or more of the following: Mild cramping, slight vaginal bleeding, and heavier bleeding during your next period and/or brown vaginal discharge.

I understand that with all procedures there are risks. The significant and substantial risks of this procedure include, but are not limited to, the following: bleeding, infection, possibility of failure to cure, and incompetence or stenosis of the cervix.

I have had the opportunity to ask and have all my questions answered by my physician and I am choosing to have the LEEP procedure performed. I understand that no guarantee or assurance has been made as to the results of this procedure and that it may not cure the condition. I have read and fully understand this consent.

Patient Signature _____ Date: _____

Physician Signature _____ Date: _____

Witness Signature _____ Date: _____