

Procedure Information Sheet – Large Loop Excision of Transformation Zone (LLETZ)

Hosp No. :	HKID No.:
Case No. :	
Name :	
DOB :	M / F
Adm Date :	
Contact No. :	

1. Introduction

- 1.1. **Clinical diagnosis:** _____
- 1.2. **Indication for surgery:** high-grade squamous intraepithelial lesion of cervix / persistent low-grade squamous intraepithelial lesion of cervix / _____

2. Nature of the procedure

- 2.1. All ornaments and metal objects, e.g. wrist watch, earrings, have to be removed before the procedure.
- 2.2. Colposcopic examination of the cervix to identify abnormal area.
- 2.3. Local anaesthesia / general anaesthesia / Monitored Anaesthetic Care (MAC)
- 2.4. An electro-surgical loop is used to cut out the transformation zone of the cervix.
- 2.5. Haemostasis with ball electrode +/- application of Monsel's solution.
- 2.6. All tissue removed will be sent to the Department of Pathology or disposed of as appropriate unless otherwise specified.
- 2.7. Photographic and/or video images may be recorded during the operation for education/research purpose. Please inform our staff if you have any objection.

3. Benefits of the procedure

- 3.1. Pathological diagnosis and treatment

4. Other consequences (after the procedure)

- 4.1. May experience some vaginal bleeding and lower abdominal discomfort within 2-3 weeks after the operation

5. Possible alternatives

- 5.1. Women who are obese, who have significant pathology, who have undergone previous surgery or who have pre-existing medical conditions must understand that the quoted risks for serious or frequent complications will be increased.
- 5.2. Anaesthetic complications.
- 5.3. Serious:
 - 5.3.1. Injury to surrounding organs, including urinary bladder and bowel (uncommon) electrosurgical
 - 5.3.2. Injury – accidental burning or cutting of normal tissue (uncommon)
 - 5.3.3. May have increased risks of preterm delivery, low birthweight and premature rupture of membranes, but there appears to be no significant increase in perinatal mortality
 - 5.3.4. Recurrence of cervical intraepithelial lesion (up to 1 in 10, common)
 - 5.3.5. Secondary haemorrhage (1-2 in every 100, common)
 - 5.3.6. Cervical stenosis (1-2 in every 100, common)
- 5.4. Frequent:
 - 5.4.1. Bleeding
 - 5.4.2. Infection (1-3 in every 100, common)

6. Risks of not having the procedure

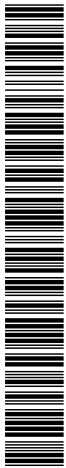
- 6.1. Persistence of the disease or progression to cancer of cervix

7. Possible alternatives

- 7.1. Cone biopsy
- 7.2. Others

8. Other associated procedures (which may become necessary during the operation)

- 8.1. Usually none



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I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature: _____

Patient/ Relative Name: _____

Date: _____

