Gleneagles Hospital
HONG KONG
港怡醫院

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: _____