



Instructions for care after a LEEP (Loop Electrosurgical Excision Procedure)

LEEP is a procedure to check and treat precancerous conditions in a woman's cervix (the entrance to the womb). LEEP uses a wire loop that is heated by an electric current to remove the abnormal tissue. Complete healing takes several weeks. These instructions are your guide to a quick and safe recovery.

Activity and bathing: Avoid lifting more than 25 pounds or moderate exercise (such as dancing or aerobics) for two weeks. Refrain from sex and using tampons for four weeks. You may shower during the two weeks after your LEEP procedure, but do **not** take a tub bath or use a hot tub or whirlpool during these first two weeks.

Vaginal care: When you arrive home, carefully wash the outside of your vagina with soap and water. Afterward, put on a clean, new sanitary pad. Change your sanitary pad any time it gets wet or dirty. There will probably be some bleeding for a day or two after the procedure. It should be no heavier than your normal period. You may also see some dark-colored discharge from solutions used during the procedure. After several days, a thin, watery discharge may start and last for 3 to 4 weeks after your procedure. You may use vaginal pads, but do not use tampons or douche until you are told it is OK to do so.

Pain: The pain from a LEEP is usually similar to menstrual cramps. Over the counter medications such as acetaminophen (Tylenol) or ibuprofen may be taken to relieve the discomfort. Please call the office if you have severe (bad) abdominal (stomach) or vaginal pain that does not go away even after taking your pain medicine.

Call us if you have:

Fever or chills, or feel weak and achy

Pads that become soaked with blood

Pus or a foul-smelling odor coming from your vagina

Any questions that you are concerned about

Follow-up: Return to the office in four weeks for examination and review of the findings. Call the office listed above to make this appointment.

Your Signature: _____ Date: _____

Physician Signature: _____ Date: _____

Nurse Signature: _____ Date: _____

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