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Consent for Loop Electrosurgical Excision Procedure (LEEP)

To the patient : You have the right, as a patient, to be informed about your condition and the recommended surgical, medical, or diagnostic procedure to be used so that you may make the decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you, it is simply an effort to make you better informed so you may give or withhold your consent to the procedure.

You are currently scheduled for a Loop Electrosurgical Excision Procedure (LEEP) due to the results of your recent Pap smear and/or colposcopy exam of your cervix. Those results showed abnormal cell changes called dysplasia. If left untreated, there is a potential risk that these cells may progress into cancer of the cervix. The purpose of this procedure is to remove the abnormal cells by taking a biopsy of the abnormal areas with a small amount of surrounding normal tissue. That tissue will be sent to the lab for examination by a pathologist. Because the possibility exists that the abnormal cells may extend further into the cervix than was visible during the Colposcopy exam, the LEEP biopsies are used for diagnosis as well as treatment. If the biopsies show signs of extension of the abnormal cells into the margins of the normal tissue, further treatment may be necessary to eliminate the dysplasia. Pap smears must be performed more frequently after treatment for cervical dysplasia.

RISKS OF THE PROCEDURE: As with any surgical procedure, complications may occur. The following complications may occur but may not be exclusive of other complications:

- Heavy bleeding;
- Severe cramping;
- Incomplete removal of abnormal tissue and thus requiring another procedure;
- Narrowing of the cervix.

Rare, but possible complications include the following:

- A weakened cervix that could cause problems during pregnancy, including preterm delivery;
- Accidental cutting or burning of normal tissue.

After the procedure you may feel cramping. You may notice a thick, brownish-black discharge, mild cramping, slight vaginal bleeding and/or heavier bleeding during your next period.

Avoid the following for at least four weeks after the procedure: sexual intercourse, tampons, heavy lifting, vigorous exercise and douching. Call the office if you experience heavy bleeding or bleeding with clots, severe abdominal pain, fever, or a foul-smelling discharge.

My signature certifies that:

- I understand the procedure, possible complications and postoperative care.
- I have read and understand the contents of this form.
- Alternative methods of treatment, if any, have been explained to me.
- I authorize Dr. _____ and whomever she/he may designate to assist him/her to perform LEEP.

Name of Physician Explaining Procedure

Date

Signature of Patient or Legal Representative

Date/Time

Printed Name and Signature of Witness

Date