

## LEEP

PREOPERATIVE DIAGNOSIS: Cervical intraepithelial neoplasia II.

POSTOPERATIVE DIAGNOSIS: Cervical intraepithelial neoplasia II.

PROCEDURES: Colposcopy, loop electrosurgical excision procedure (LEEP), endocervical curettage.

SURGEON:

ASSISTANT:

ANESTHESIA:

ESTIMATED BLOOD LOSS:

INTRAOPERATIVE FLUIDS:

URINE OUTPUT:

SPECIMENS: LEEP cone biopsy, Endocervical curettings.

DRAINS:

COMPLICATIONS:

DISPOSITION: Stable to PACU.

FINDINGS: Findings on colposcopy: acetowhite epithelium was noted at 3 o'clock and 9 o'clock on the anterior lip of the cervix, both lesions extending into the endocervical canal. Colposcopy was inadequate.

### DESCRIPTION OF PROCEDURE:

After informed consent was obtained, the patient was taken to the operating room where general mask anesthesia was obtained without difficulty. The patient was positioned in the dorsal lithotomy position with Allen stirrups. The covered speculum and covered vaginal wall retractor were inserted into the patient's vagina. The cervix was washed with 3% acetic acid solution and examined under colposcopy with the above noted findings. The cervix was grasped with a covered single-tooth tenaculum and 10 mL of 1% lidocaine with epinephrine was injected circumferentially into the cervical bed. A cervical cone biopsy was obtained using a medium extended Fisher exciser on 70- watt pure-cut mode. Endocervical curettage was then performed. The remaining cervical bed was cauterized using ball cautery at 80 watts in coagulation mode. The cervical bed was then inspected and excellent hemostasis was noted.

All instruments were removed from the vagina. The tenaculum site was hemostatic. The patient tolerated the procedure well. All instrument, lap and sponge counts were correct x2 at the end of the procedure. The patient was taken out of the lithotomy position and transferred to the recovery room in stable condition.

Dr. \_\_\_\_ was present throughout the entire procedure.