

Laser Surgery

As per current guidelines all women with Histological diagnosis with CIN 2 (P16 Positive) and CIN 3 should be treated in order to reduce the risk developing invasive cervical cancer.

What Happens?

Under general anaesthetic, you will have a colposcopy (microscope examination of the cervix) in order to carefully delineate the extent of the abnormal cells on your cervix. Laser is used to destroy abnormal cells in the cervix. This procedure directs a very strong, hot beam of light at the abnormal cells to burn them away.

Purpose of the Procedure

The aim of the procedure is to permanently remove the abnormal cells. The procedure is performed to prevent the possible progression of abnormal cells to cervical cancer. A small amount of tissue, around the size of the tip of your finger, is removed from the centre of the cervix via Laser.

Long term Risks

When recommending any cervical treatment there is a balance of having a subsequent complication against the risk of untreated disease. Treatment to cervix can cause cervical weakness or cervical stenosis which could potentially cause complications with pregnancy such as miscarriages and preterm labour. These are known albeit uncommon and most reduced with ablative treatments such as Laser.

Preparation

You will require a general (sleeping) anaesthetic and be required to fast for around six hours. Some patients, depending on their medical condition and associated conditions, may need blood tests, imaging studies or other investigations to be performed. The operation can be performed during a patient's period. No special preparation is necessary. You should stop smoking for at least two weeks before the anaesthetic. It is important to give us a full list of your medications prior to the procedure. This also includes natural therapies, herbal preparations and fish oil tablets which may have an unpredictable effect on the blood's ability to clot. You should stop using any vaginal pessaries, creams or lubricants for a week prior to the procedure.

Anaesthetic

This is invariably carried out under a General anaesthetic. (GA)

Duration of Procedure

Around fifteen minutes.

Post-Procedure Care

After leaving the operating theatre you will usually have a drip or intravenous line in-situ. This is to maintain your hydration as you will have been fasting prior to the procedure. You will be cared for in the Recovery Area of the Operating Theatre which involves one on one care by a specialist member of the nursing staff. After around one to two hours you will be offered something to eat or drink if appropriate, will be able to change back into your normal clothes and arrangements for discharge will be initiated. The vast majority are performed as day surgery.

Post-Discharge Care

Most patients are able to resume their regular activities within 24 hours.

Pain and pain management: There is usually no pain following this treatment but some may rarely experience "period like" cramping and or abdominal pain. This may be relieved by non-steroidal anti-inflammatory medications such as Naprogesic or Nurofen in combination with Panadol, Panadeine, however significant discomfort is unlikely.

Vaginal Discharge: You may have clear or occasionally blood-stained vaginal discharge for 2 to 3 weeks following treatment. This is normal and part of the healing process. Rarely you may have slight bleeding.

Tampons: Whilst you are actively bleeding it is wise to avoid tampons for 3 weeks following treatment.

Sexual intercourse: We recommend to refrain from sexual intercourse for 3 weeks to allow complete healing.

Swimming/Bathing/Strenuous exercise: should be avoided for up to 2-3 weeks.

Oral contraception: If you are taking the oral contraceptive pill, do not cease it during this time.

Menstrual Patterns: A few patients find that their menstrual pattern is disturbed. Your next period may commence early, late or be missed completely. It may be light or heavy. If it is significantly heavier and longer than normal or if you have a second abnormal period, contact the surgery/clinic.

When to call surgery/clinic

You should notify if you develop a fever (temperature greater than 37.5 degrees), pain or cramping that does not respond to regular doses of simple analgesics or bleeding involving clots or a foul smelling vaginal discharge.

Follow up

specialists on honeysuckle

Follow up after your laser treatment is vital. A co-test (HPV test and Liquid based cytology) is essential 12 months and 24 months post treatment. A small percentage of patients have persistent, or develop, recurrent disease and this can only be detected at your follow up appointments. If you are unable to keep the arranged appointment, please ensure that you make another one as soon as possible.

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