



Appendix 3: Description of cryotherapy and loop electrosurgical excision procedure

	Cryotherapy	LEEP
Description	An ablative method that eliminates precancerous/ abnormal areas on the cervix by freezing them (along with normal areas), when a highly cooled metal disc (cryoprobe) is applied to the cervix. Supercooling of the cryoprobe is accomplished using a tank with compressed carbon dioxide (CO ₂) or nitrous oxide (N ₂ O) gas	<p>An excision method that removes precancerous/abnormal areas – and the entire transformation zone – from the cervix using a loop made of thin wire powered by an electrosurgical unit. The loop tool both cuts and coagulates, followed by use of a ball electrode to complete the coagulation</p> <p>In addition to treating (removing) the precancer, LEEP also produces a tissue specimen that can be sent to a pathology laboratory for the extent of the lesion to be assessed. However, the specimen can have charred borders, making lesion margins difficult to interpret</p>
Provider/ facility	Cryotherapy can be performed at any level of the health system, by a healthcare provider (doctor, nurse, midwife) that is skilled in pelvic examination and trained in cryotherapy	It should only be performed by a trained and competent healthcare provider, such as a gynaecologist, in a facility where back-up is available for management of potential problems, i.e. at least a secondary-level facility (i.e. a district hospital)
Client eligibility	Screen-positive clients (i.e. by HPV test, VIA, or cytology) or clients with histologically confirmed CIN2+ are eligible for cryotherapy if the entire lesion and squamocolumnar junction are visible, and the lesion does not cover more than three-quarters of the ectocervix. If the lesion extends beyond the cryoprobe being used, or into the endocervical canal, or if the lesion is suspicious for invasive cancer, then the client is not eligible for cryotherapy. Eligibility can be determined using VIA	Screen-positive clients (i.e. by HPV test, VIA, or cytology), or those with histologically confirmed CIN2+ are eligible for LEEP if the lesion is not suspicious for invasive cancer
Anaesthesia	Treatment takes about 15 minutes and is associated with only mild discomfort, so no anaesthesia is required	The procedure can be performed under local anaesthesia on an outpatient basis and usually takes less than 30 minutes

continued



Appendix 3: Description of cryotherapy and loop electrosurgical excision procedure *continued*

Post-procedure	Following cryotherapy, the frozen area regenerates to normal epithelium; this takes 1 month. The client should be advised that during this time they may have a profuse watery discharge and should avoid sex until all discharge stops or use a condom if sex cannot be avoided	Following LEEP, the client should stay at the outpatient facility for a few hours to assure bleeding does not occur. The client should be advised to expect mild cramping for a few days and some vaginal discharge for up to a month while the tissue regenerates. There can be bloody discharge for 7–10 days, which can transition to yellowish discharge. The client should avoid sex for a month or use a condom if sex cannot be avoided
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Source: Adapted from World Health Organization. Comprehensive Cervical Cancer Control: A Guide to Essential Practice. Second edition. Geneva: WHO; 2014. Available at: http://apps.who.int/iris/bitstream/handle/10665/144785/9789241548953_eng.pdf. Accessed 31 January 2020.