

# QUALITY REVIEW OF OUTPATIENT LLETZ AT A TERTIARY SITE

Yeoh L<sup>1</sup>, Walker G<sup>1</sup>, Gale J<sup>1</sup>, Harris R<sup>1</sup>, Woolfield A<sup>2</sup>

<sup>1</sup>The Gold Coast University Hospital

<sup>2</sup>Toowombah Base Hospital

## BACKGROUND

Cervical cancer is the fourth most prevalent cancer globally, yet Australia boasts one of the world's lowest incidence rates [1]. In the prevention of cervical cancer, large loop excision of the transformation zone (LLETZ) is a frequently chosen treatment modality. It has a 96% success rate in treating precancerous lesions [3] and allows for histopathological evaluation and accurate determination of margin status in managing precancerous lesions.

Achieving an adequate excisional depth with relation to the transformation zone is linked with reduced disease recurrence. Obtaining specimens in a single-pass another important marker of specimen quality.

The colposcopy team at GCUH comprises both medical and nursing practitioner professionals, with nurse colposcopists proficient in performing both diagnostic and therapeutic procedures.

## AIM

Our primary aim was to assess the therapeutic management of cervical abnormalities through the LLETZ procedure in our unit. This was undertaken by all LLETZ procedures performed in the outpatient setting over a 12-month review period to detect areas for improvement.

## METHODS

A retrospective study of all outpatient LLETZ procedures performed at the Gold Coast University hospital and the Robina Hospital between January 2020 to end of December 2020 were reviewed. Data was obtained from the electronic medical records.

## REFERENCES

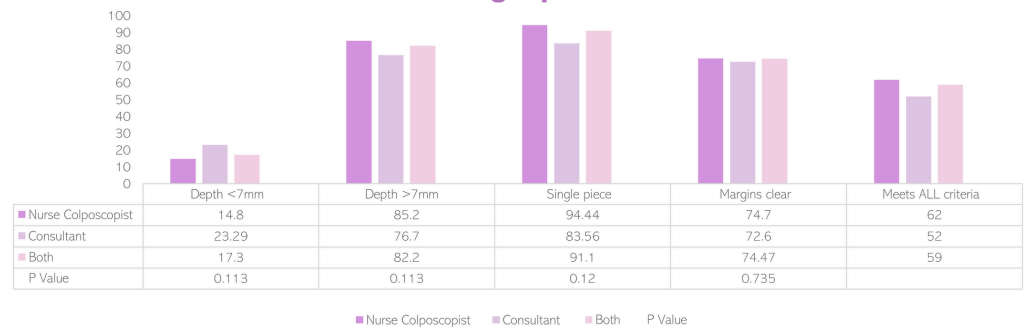
1. GLOBOCAN. Cancer fact sheets: Cervix uteri (C53). Cancer fact sheets 2021 [cited 2023; Available from: <https://gco.iarc.fr/today/data/factsheets/cancers/23-Cervix-uteri-fact-sheet.pdf>
2. Party, C.C.A.C.S.G.W. Introduction to National cervical screening program. Cervical cancer screening guidelines 2017 [cited 2023 12/8/23]; Available from: <https://www.cancer.org.au/clinical-guidelines/cervical-cancer/cervical-cancer-screening/introduction>.
3. Dobbs, S.P., et al., Does histological incomplete excision of cervical intraepithelial neoplasia following large loop excision of transformation zone increase recurrence rates? A six year cytological follow up. *Bjog*, 2000. 107(10): p. 1298-301.

## RESULTS

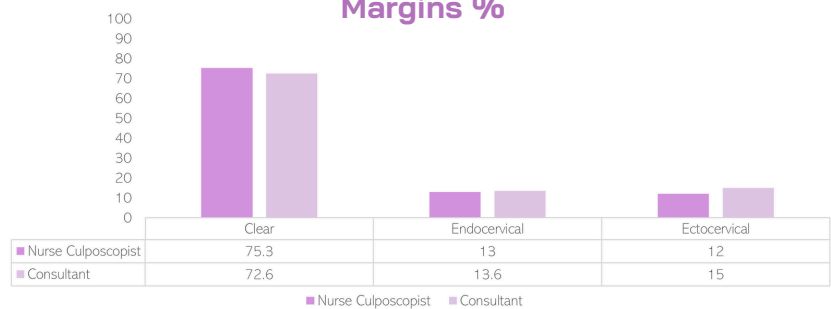
- A total of 348 outpatient LLETZ procedures were performed during this period with 235 included in this review. 113 cases were excluded as they were performed by Gynecology oncology team, had cancer diagnosed, no cervical dysplasia, or if performed by trainees.
- Transformation zone type, specimen depth, margin involvement and number of pieces obtained were reviewed and comparisons made between operators.
- Statistical analysis was performed using Fisher's exact test with  $p \leq 0.05$  considered significant.



### Results by Operator %



### Margins %



## DISCUSSION AND CONCLUSIONS

- The unit achieved an adequate excisional depth of >7mm in 82% of the cases, and all quality criteria were met 59% of the time. This data demonstrates the safety and accuracy of nurse colposcopists performing therapeutic LLETZ procedures and supports the development of nurse colposcopy in Australia. These findings can bolster patient confidence in the colposcopy department and will be useful in establishing a benchmark for continuous auditing and improvement within the department.
- Of note, trainees were excluded from this review as only a small number of registrars perform outpatient LLETZ procedures, with most performing LLETZ under general anaesthesia in operating theaters. This highlights the need for ongoing educational activities for trainees to provide outpatient LLETZ therapeutic treatment to patients.