Introduction of the Loop Electrosurgical Excision Procedure to Combat Cervical Cancer in Ethiopia

Addis Tesfa
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Cervical cancer is one of the most frequent forms and leading cause of cancer mortality among Ethiopian women. For women living with HIV and AIDS, cervical cancer poses an even greater health risk as they are more likely to develop precancerous lesions and more vulnerable to rapid development of these lesions than HIV-negative women.

Cervical cancer prevention programs must offer women appropriate and effective treatment options for precancerous cervical lesions. Since September 2010, Addis Tesfa has been implementing the single-visit approach to address the screening and treatment gap for cervical cancer in Ethiopia. The single-visit approach is a low-tech and low-cost screening and treatment method that combines visual inspection of the cervix with acetic acid wash (VIA) and same day cryotherapy for women with precancerous lesions. While this approach provides a viable solution to the lack of screening and treatment services in Ethiopia, there are some women with lesions too large to be treated with cryotherapy. Women diagnosed with such precancerous lesions are often treated with hysterectomy—an invasive and expensive procedure.

To reach more women with accessible, minimally invasive treatment options, Pathfinder expanded treatment services in Ethiopia by introducing the Loop Electrosurgical Excision Procedure (LEEP). Like cryotherapy, LEEP is an outpatient procedure that can be performed locally and offers eligible women a less invasive and costly option. During the procedure, the precancerous tissue is removed using an electrified thin wire loop.

Provider Training

From November 2 to 5, 2011, Pathfinder conducted the first LEEP training at Mekelle Hospital in the Tigray region of Ethiopia. Nine participants—three gynecologists, one nurse-midwife, two clinical nurses, and three hospital technicians—were introduced to this new mode of treatment to be incorporated into the comprehensive package of cervical cancer prevention services.

The gynecologists were trained on how to perform LEEP procedures while the nurses were trained on infection prevention practices and the care of LEEP machines. Technicians were taught how to assemble and provide maintenance and troubleshooting for LEEP machines.

The training also taught service providers how to identify eligible women, establish a follow-up schedule, and develop an infection prevention protocol that includes sterilization. Pathfinder procured LEEP machines and all the instruments necessary for the training and future treatment of women with precancerous lesions.
Leading Cervical Cancer Prevention

Introducing LEEP into the set of existing treatment options and conducting the first training workshop on LEEP procedures have enhanced Pathfinder’s leadership role in reproductive health, particularly in cervical cancer prevention, in Ethiopia. Hospital management teams and staff, donors, and members of the wider public were greatly impressed by Pathfinder’s first LEEP training session.

Participants clearly recognized the significance of the program. As one participant stated, “Now I am confident enough to treat pre-invasive cervical lesions using both cryotherapy and LEEP. I used to feel inadequate while reading about LEEP before, as it is said to be the gold standard of treatments, but now I can do both depending on the individual’s need.”

Speaking of the impact of the training on his medical practice, another participant stated, “The training offered additional benefits to prevent cervical cancer, specifically as it treats women with large precancer lesions in a short period of time. I’m so happy because my hospital has been selected as one of the first hospitals to provide LEEP services for the first time in the country. I recommend scaling up this treatment service to all parts of the country.”

Building on Success: Next Steps

Following the success of this first training, Pathfinder has introduced LEEP services in three COE hospitals and will introduce LEEP services in the remaining two COE hospitals by the end of next year. This will ensure that LEEP services are available in each of Ethiopia’s five regions. Proposed future actions also include developing a LEEP learning guide, establishing a LEEP referral system for facilities where LEEP is not available, and conducting additional trainings for doctors, nurses, and technicians.