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Background

- Cervical cancer is the 14th most common cancer in Australian women<sup>1</sup>
- Loop electrosurgical excision (LEEP) is a key treatment option for HSIL and cancer prevention
- LEEP is commonly performed in an inpatient setting under GA or outpatient setting under LA • Efficacy and safety comparable <sup>2</sup>; likely economic benefit of outpatient LEEP

## Results

- Pre-procedure **anxiety** universal
- Higher in outpatients (p = 0.01), mostly commonly reported concern was pain
- No difference in post-procedure anxiety
- Rate of minor adverse events same
  - 19.2% of outpatients and 14% of inpatient

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# Patient expectations and experiences with LEEP in the inpatient and outpatient settings

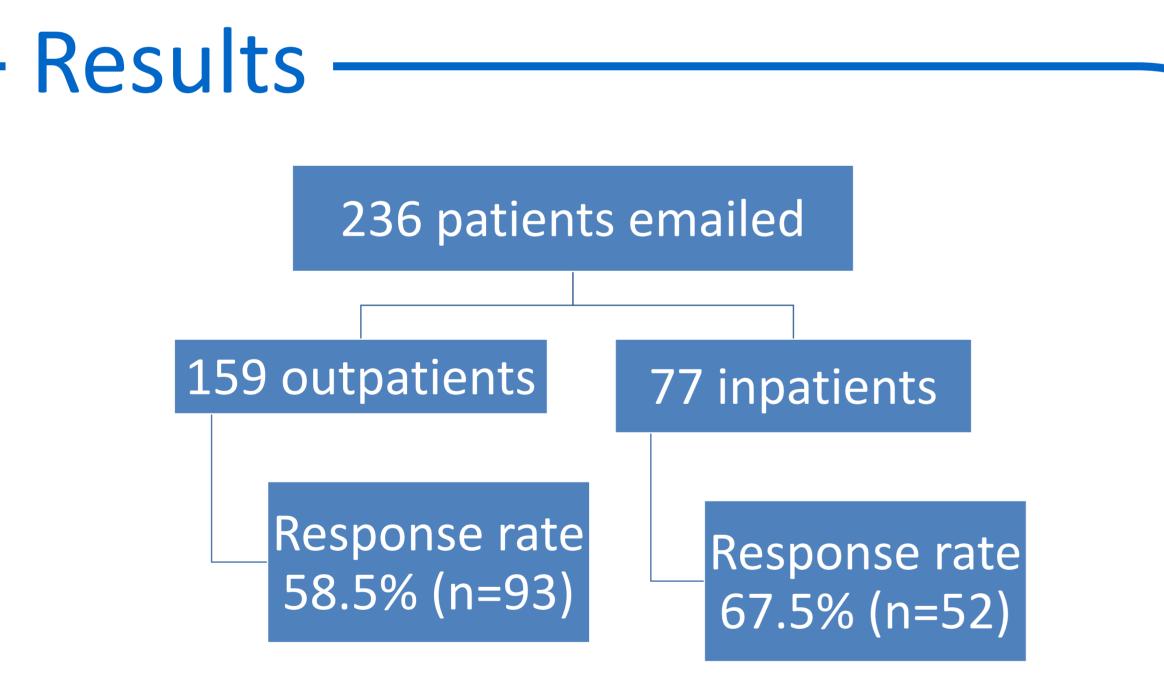
#### Aim

To compare patient satisfaction, anxiety and pain levels in inpatient vs outpatient LEEP

# Methodology

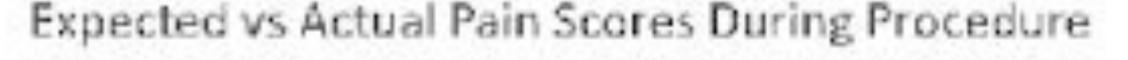
- Prospective cohort study
- Online questionnaire (qualitative + quantitative)
- Further data collected from medical record

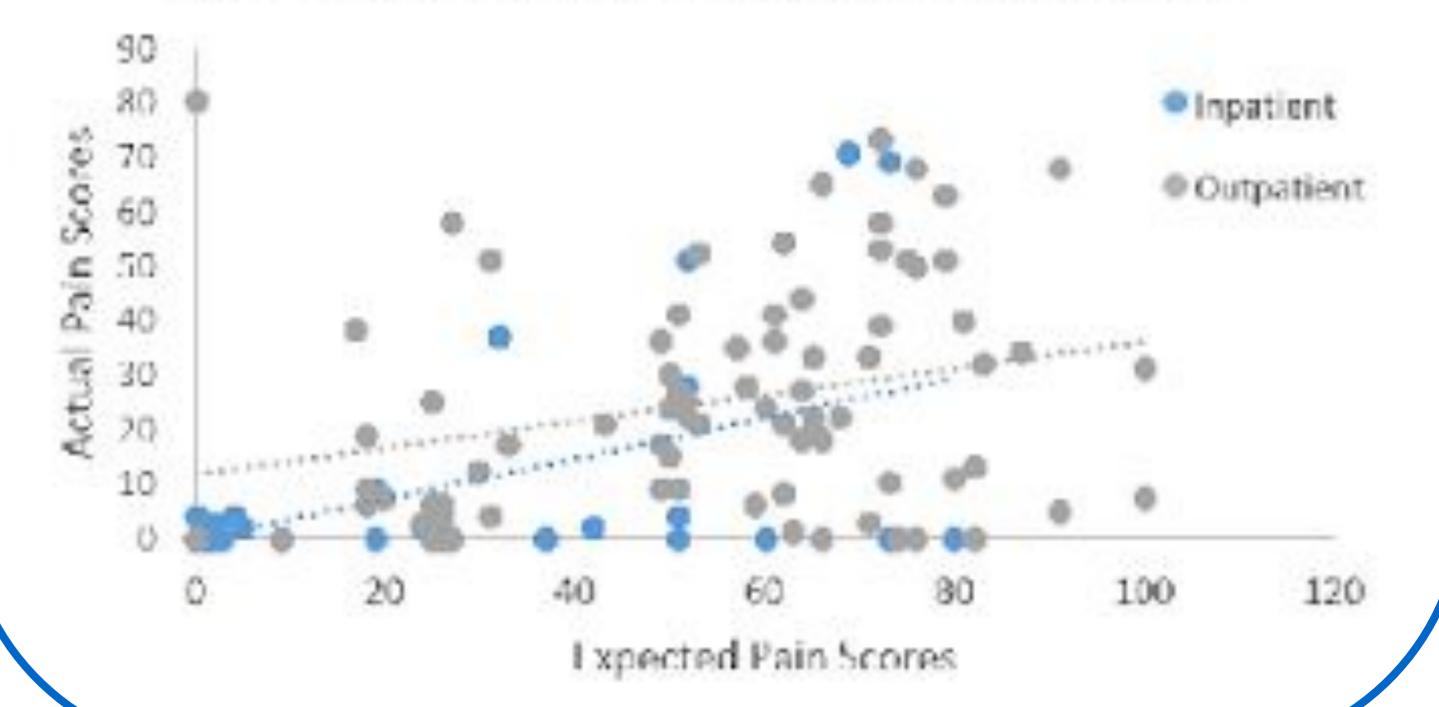
- Self-reported, some expected post-procedural side effects
- No major adverse events (short-term only)
- Majority found the procedure acceptable
  - 98% (49/50) of inpatients and 99% (92/93) of outpatients
- Patients valued inherent aspects of their individual treatments and most were happy with their choice
  - Outpatients found interactivity with staff during the procedure was important to relieve anxiety
  - Inpatients felt being asleep was helpful
- Patients reported expected and actual pain **scores** during and after the procedure:
  - Both cohorts over-estimated degree of pain
  - Median difference in pain score -2 for inpatients, -40 for outpatients (p < 0.001)



- No difference in positive **histopathology** margins or number of passes required
- Majority of patients found it **convenient** 
  - 87/93 outpatients (94%) compared to 40/52 (77%) inpatients (*p*=0.007)

- No difference in post-procedure pain scores
- Positive correlations between expected and actual scores; (r=0.56 inpatients, r=0.29 outpatients)







### Conclusions

- Outpatient LEEP is an acceptable and well-tolerated procedure, comparable to inpatient LEEP
- Patients are highly likely to be satisfied with their choice
- Reduction in pre-procedural anxiety may reduce expectations and experiences of pain

References

<sup>1</sup> Cancer Australia. Cervical Cancer in Australia, 2020 <sup>2</sup> Leimbacher et al. Archives of Gynecology & Obstetrics. 2012;285(5):1441-5.