Laser destruction of lesions of the cervix

HPV-related lesions — one session at the practice, under colposcopy

01 What is it?

This treatment uses a laser to destroy a lesion of the cervix. It is done under colposcopy, that is, while looking at the cervix through the vagina with a colposcope, a binocular magnifier. The session takes place at the practice, with the practice's gynaecological laser, and you go home straight afterwards.

This sheet, given to you by Dr Gatri, is intended to complement the explanations provided during your consultation. Do not hesitate to ask her if you have any questions.

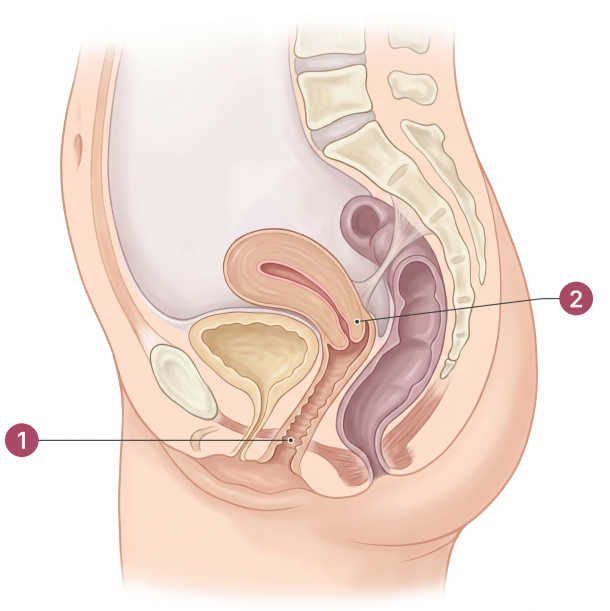


FIGURE 1 — The cervix and the vagina (diagram, side view).

1. Vagina
2. Cervix

Side view: the belly is on the left of the image, the back on the right.

Diagram Wagram Clinic, 2026.

The lesions treated are caused by an infection with a human papillomavirus (HPV) that persists. This infection is very common and, most often, the body clears the virus on its own, without any consequence. When the infection persists, it can, over the years, lead to a lesion of the cervix, then to cancer of the cervix if the lesion gets worse and is not treated.

This sheet is based on the expert consensus of the CNGOF and the SFCPCV (2025), on the public information of the CNGOF and the SFCPCV, on the patient information of the NHS and Cancer Research UK, and on the NHS England screening programme guidance for professionals, adapted to the organisation of the practice.

02 Why this procedure?

Treatment is only offered after a colposcopy and the analysis of a biopsy: it is the result of the biopsy, and that alone, that determines what happens next.

A low-grade lesion often heals by itself: it is first monitored, without treatment. When the smear test showed atypical cells of undetermined significance (ASC-US) or a low-grade lesion (LSIL), treatment is only discussed if the lesion persists for more than two years; a destruction method is then preferred, because it has no significant consequence for future pregnancies.

A high-grade lesion is a precancerous lesion. Its usual treatment is a conisation (cone biopsy), which removes part of the cervix and has its own information sheet. A destruction may be offered instead when the lesion is small, with no sign of invasion, and the junction zone of the cervix can be seen at colposcopy, in a woman under 30 who accepts regular follow-up, with a check every 6 months; the rest of this follow-up is described below, under "After the procedure and your instructions". The junction zone is the line that separates the lining of the outer part of the cervix from its inner lining.

03 How does the procedure take place?

The session is done at the practice and is carried out by Dr Gatri, under local anaesthesia of the cervix. It takes about 30 minutes.

The laser beam, a very strong, hot beam of light, destroys the abnormal area, under the control of the colposcope. Normal cells then grow back in its place. During the session, you wear protective goggles, as does the team.

During the session, you may notice a slight burning smell: it is just the laser working, and nothing to worry about.

04 What the procedure does not guarantee

The laser treats the lesion, not the virus: no treatment can clear an HPV infection.

The treatment is most often effective, but the lesion can come back; this risk is low. If an abnormality reappears during follow-up, a new colposcopy checks the cervix, and it is the result of the biopsy that determines what happens next.

This is why regular follow-up is still needed after the treatment.

05 Risks and complications

On the day of the treatment, period-type pains are possible; a simple painkiller, such as paracetamol, usually helps. Some people feel slightly faint for a short time after the session.

Light bleeding and a discharge, first reddish-brown then watery, are usual for a few days to a few weeks.

An infection is possible; it is treated with antibiotics.

Destruction methods have no significant consequence for future pregnancies, and the treatment makes no difference to your chances of getting pregnant in the future, nor to the risk of miscarriage.

06 Alternatives

For a low-grade lesion, continuing follow-up without treatment remains possible; a conisation is not automatic.

For a high-grade lesion, the usual treatment is a conisation. In a woman under 30, under the same conditions as for a destruction, follow-up without treatment may also be offered, with a check every 6 months for 2 years at most.

The choice is made with you.

07 Contraindications

The treatment is preferably done outside your period: if your period has come on the planned day, let the practice know. Treatment given when your period is due is also more likely to cause bleeding, and heavier bleeding.

The treatment is not done during pregnancy. Before the session, use a reliable method of contraception or avoid sexual intercourse, and tell the doctor if you think you may be pregnant.

08 Before the procedure

The decision to treat is only made after the result of the biopsy, during a consultation with Dr Gatri. On the day of the session, bring a sanitary pad. No need to fast.

09 After the procedure and your instructions

You go home straight after the session, and you may drive, unless the doctor advises otherwise. If

you can, take the day off. Full recovery takes about 6 weeks, less after a small laser treatment.

For 15 days after the session: no sexual intercourse, no baths, no swimming pool.

Until any bleeding or discharge has stopped, also avoid:

- tampons and menstrual cups, for 4 weeks: wear sanitary pads instead;
- heavy exercise, such as running or weight lifting, for 4 weeks, and yoga or pilates, for 3 weeks.

Light exercise remains possible. For your personal hygiene, avoid talcum powder, vaginal deodorants and heavily perfumed soaps. For 4 weeks, avoid travelling abroad or over long distances.

Regular follow-up is needed after the treatment: a first check takes place 3 months later, then the doctor will tell you how often and for how long.

After the treatment of a high-grade lesion, checks of the cervix are more frequent than usual screening, and follow-up is continued over the long term.

This treatment can be worrying or upsetting, and that is common: do not hesitate to talk about it.

10 When to seek medical advice without delay

Call the practice if you have a discharge that smells unpleasant, bleeding heavier than a heavy period or lasting more than 4 weeks, or stomach pain that does not get better with a painkiller.

If any other sign worries you after the session, do not wait: call the practice.

11 Your questions for Dr Gatri

This information sheet probably cannot answer all your questions. In any case, do not hesitate to ask your doctor any question that comes to mind, either orally or in writing.