**Deansgrange Medical Centre**

**CRYOTHERAPY**

**PATIENT LEAFLET AND CONSENT FORM**

Cryotherapy is a procedure that uses liquid nitrogen to destroy skin lesions by freezing them. Warts, verrucas, skin tags and some other skin lesions are suitable for cryotherapy. Cryotherapy is done as a routine appointment. The liquid nitrogen is applied with a spray gun and the procedure lasts a matter of seconds. It may take more than one treatment to destroy the lesion depending on the type and size/thickness of the lesion. Cryotherapy is not successful in all cases.

**WHAT TO EXPECT**

* During and after the treatment the skin may feel cold, sting or feel painful. The treated skin will turn white as it freezes.
* The area may blister within a few hours (clear, red or purple).
* The blister shrinks to be replaced by a scab within a few days: do not remove scab as it will fall off on its own in about 1-3 weeks leaving a smooth red area. Scabs on the lower leg may cause ulceration and take up to 3 months to heal.
* Swelling and redness is a normal response and should settle in a few days.
* Bleeding may occur, but his is uncommon.
* Infection may occur but this is uncommon and results in increased pain, redness and formation of pus. If you suspect your wound is infected please return to see the doctor as antiseptic or antibiotic treatment may be needed.
* Cryotherapy may cause your treated skin to lighten or darken permanently as it can damage the pigment cells.

**CARE OF THE TREATMENT SITE**

Overall, aim to keep the area dry. The treatment site may get wet with normal bathing and showering, just gently dab the area dry. You may cover the area with a dressing for a few days if it is likely to be rubbed by clothing.

I confirm that I have read the above information, that I understand the nature and potential side effects of cryotherapy and consent to it being used in my treatment.

Signiture\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I confirm that I have explained the nature and purpose of this treatment to the person who has signed the above consent.

Signiture\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_