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## Cryotherapy Treatment Information and Consent

The term “cryotherapy” literally means treatment using low temperature, and refers to the removal of skin lesions by freezing them. The common agent used by doctors is liquid nitrogen and this is what will be used for your treatment.

Cryotherapy is done is a routine appointment, with no special preparation. The Liquid nitrogen is usually applied with a spray gun. It does not normally require a local anaesthetic and the procedure lasts a matter of seconds – depending on size/thickness of the lesion. It may take more than one treatment, again depending on size/thickness of the lesion. Similarly, it may be unsuccessful – we are currently limiting the number of treatments to 5.

During treatment the frozen skin turns white, after a few days a scab will form which will take 1-2 weeks to come away. Usually the treated area will eventually look normal. You can care for the treated area by keeping it dry until a scab forms, not picking at the scab, as this will encourage scarring, and perhaps using a dressing if the area is likely to be rubbed by clothing. Because of this please consider the timing of your procedure – it may be unsuitable if you have strenuous activity in the near future.

Possible side effects are:

- Pain – It can be uncomfortable at the time of treatment and for a variable time after – painkillers can be taken in the first 24 hours to relieve discomfort.
- Swelling and Redness – This is a normal response and usually settles after 2-3 days. The treated area may also ooze a little
- Puffiness – Cryotherapy near the eyes may induce puffiness of the lower eyelids which settles within days
- Blistering – this is a common consequence of cryotherapy and blisters settle a few days after the scab forms.
- Infection – This is very uncommon, and results in increased pain and formation of pus. Antiseptic or antibiotic therapy may be required.

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I confirm that I have read the above and that I understand the nature of cryotherapy and consent to it being used in my treatment:

Print name:

Signed:

Date: