Information leaflet about Cryotherapy

How Does Cryotherapy Work?

The device destroys the tissue by freezing the inter-cellular fluid, forming ice shards and crystals which rupture the membrane, thereby destroying the cell. That means there will be no collateral damage to healthy tissue. It’s so incredibly accurate and practical.

Indications for cryotherapy

* Skin Tags
* Sun Damage
* Age Spots
* Warts
* Cherry Spots
* Verrucae
* Milia

What does it involve?

* A spray is commonly used to apply liquid nitrogen. The spray is applied until a 2 mm halo of frozen tissue appears around the wart, and is then timed for 5–30 seconds (for example 5–10 seconds in children, 10–15 seconds on the fingers in adults) depending on the site and size of the wart.
* Standard practice is to repeat this treatment every 2–3 weeks until the wart has gone, up to a maximum of six treatments.

### What are the adverse effects of cryotherapy?

* Cryotherapy may cause:
  + Pain — pain may occur, but cryotherapy is usually well tolerated.
  + Blistering — this usually settles after a few days as a scab forms.
  + Swelling and redness — this usually settles after 2–3 days.
  + Scarring (rare).
  + Leg ulceration.
  + Hypo- or hyperpigmentation, particularly in dark skin — this usually improves with time but it may be permanent.
  + Numbness may occur if a superficial nerve is frozen. Normal feeling usually returns within a few months.
  + Tendon or nerve damage especially with treatment to warts on the fingers.
  + Onychodystrophy (malformation of the nails) following treatment of periungual warts.

Contraindications for cryotherapy

* Avoid using cryotherapy for:
  + People with an uncertain diagnosis or a possible malignancy.
  + Young children (who may find it too painful).
  + Distal extremities in people with:
    - Raynaud's syndrome.
    - Peripheral vascular disease.
    - Peripheral neuropathy.
  + Periungual sites — this is painful and there is a risk of subungual haemorrhage and nail deformity.
* For warts that are over tendons or near superficial nerves it is preferable to use topical salicylic acid. Cryotherapy may be considered but with shorter durations of freeze-thaw cycles.

References

<https://cks.nice.org.uk/topics/warts-verrucae/prescribing-information/cryotherapy/>