

# HOWSDEN DERMATOLOGY

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## INSTRUCTIONS FOR CARE AFTER CRYOSURGERY

Cryosurgery involves the use of liquid nitrogen. This substance is very cold (-340 degrees F) and produces a local “frostbite” in the area treated. The area of tissue which is frozen in the process becomes non-viable and sloughs off as the area heals. This is a very acceptable method to destroy benign lesions (warts, seborrheic keratoses) and premalignant lesions (actinic keratoses). One of the advantages of cryosurgery is that it generally results in little to no scarring; however, the amount of scarring is somewhat unpredictable and some evidence of the treatment should be expected. Destruction by freezing is associated with a moderate amount of pain at the time of treatment and for several minutes afterward. This pain is usually greatest on finger tips, palms, ears and nose.

Within a few minutes following treatment you will observe the formation of a wheal (raised red circle). This wheal may become a blister within a few hours. Twenty-four to forty-eight hours after cryosurgery swelling may occur. If needed, aspirin or Tylenol may be taken for any discomfort. It is sometimes helpful to rotate between Tylenol and Ibuprofen if both are safe for you to take.

If a blister forms it may contain either clear or bloody fluid. It is generally better to leave the blister intact until it breaks on its own. However, **if it becomes large and/or painful, take a sterile needle and open the blister to allow it to drain. (On thick skin such as the palm or fingers you may need to do this repeatedly over the first two or three days after treatment.)** You may get the area wet, but keep it clean to avoid infection.

When not cosmetically objectionable, it is wise to leave the treated area uncovered and open to the air. If you elect to cover the treated area, it is recommended that a thin film of antibiotic ointment (see below) be applied before applying a light dressing. This dressing should be removed and reapplied once daily to once every two days. Normal healing usually requires five to fourteen days. Healing time on the face is generally short, while healing time on extremities is long. Large treated areas will obviously heal more slowly than small areas.

If the treated area shows signs of infection—marked redness, pain and/or discharge of pus—please call our office. Some redness and discharge is to be expected.

Acceptable antibiotic ointments:

Polysporin (OTC)

Bactroban (by prescription)

(We like to avoid Neosporin because of the high incidence of allergic contact dermatitis to one of the ingredients—Neomycin. Bacitracin is also a common cause of contact dermatitis.)