



CRYOSURGERY

Cryosurgery is a treatment in which skin lesions are frozen using liquid nitrogen, carbon dioxide, snow or other cryogenes. Cryosurgery is used for removing warts, seborrheic keratoses and other benign lesions. It is also used for solar keratoses (sun damage) and small skin cancers such as basal cell carcinomas and squamous cell carcinomas not amenable for surgery.

The treatment stings and may be painful at the time, and for a variable period afterwards. There may be immediate swelling and redness. Treatment near the eye may result in a puffy eyelid.

The treatment area is likely to blister within a few hours and a scab usually forms. Leave the blister intact, or if uncomfortable it can be popped using a sterile needle. Try to leave the roof of the blister intact as it acts as a natural bandaid, helping the healing process.

Usually no special attention is needed during the healing phase. Keep the treated area clean and dry.

The treated area is best left open to air or if necessary dressed with a loose bandage. **DO NOT use bandaids.**

When the blister dries to a scab, apply Vaseline and avoid picking at it. The scab peels off after 5-10 days (face), 3 weeks (hand) or as long as 3 months on the leg.

Redness may persist for a few weeks. Secondary infection is uncommon. When it occurs it may cause increased pain, swelling, discharge or redness around the treated area. Antibiotics may be necessary.

Cryosurgery may result in a white mark or scar, particularly if a deep freeze is required (e.g. a cancerous lesion). Furthermore hair may be lost at the site of the cryosurgery, which can be permanent. The treatment may prove unsuccessful in some cases, thus requiring further cryosurgery or even surgery.

If you have any concerns, please contact Dr Banky on 03 9519 9500

NB. In the case of an emergency, or if unable to make contact, please seek advice from your GP or nearest hospital emergency department.