Gleneagles Hospital
HONG KONG
港怡醫院

Hosp No.	:	HKID No.:	
Case No.	:		
Name	:		
DOB	:	M / F	
Adm Date	:		
Contact No.	:		

Procedure Information Sheet
Cryotherapy

1. Introduction

1.1 Cryotherapy is a treatment using liquid nitrogen to freeze and remove skin lesions.

1.2 Liquid nitrogen is extremely cold and is applied to skin lesions using a metal spray probe to destroy the lesions.

1.3 Local anesthetic is not necessarily required. Frozen skin will become white and return to normal after a few seconds. Repeated or regular treatments may be required.

2. Common usage for skin conditions

2.1 Non-cancerous (benign) lesions

- 2.1.1 Viral warts
- 2.1.2 Seborrhoeic keratosis
- 2.1.3 Actinic keratosis or Solar keratosis
- 2.1.4 Pre-cancerous lesions

3. Contraindications

3.1 Active skin infection

3.2 Sites of poor circulations

4. Risk & complications

4.1 You may experience pain, redness and blistering over the treatment site which will subside a few days. A scab may form and fall off afterwards. Other potential side effects:

- 4.1.1 Swelling
- 4.1.2 Infection of treatment site
- 4.1.3 Scarring
- 4.1.4 Post-inflammatory hyper or hypopigmentation
- 4.1.5 Damage to the underlying skin
- 4.1.6 Recurrence of the lesions

5. After the procedure

5.1 The treatment area can be cleansed gently. A dressing or plaster is not necessary but may be advisable if the treatment area is prone to being irritated or rubbed by clothing.

6. Remark

6.1 This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information, please discuss with your doctor.

7. References

7.1 Retrieved from:
https://www.ouh.nhs.uk/patient-guide/leaflets/files/12977Pcryotherapy.pdf
https://www.skinhealthinfo.org.uk/condition/cryotherapy/
https://www.healthinfo.org.nz/patientinfo/261049.pdf

I, _____ acknowledged that the above information concerning the operation or procedure has been explained by Dr. _____. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient / Relative Signature: _____

Patient/ Relative Name: _____

Relationship (If any): _____

Date: _____