

## What can I use on my warts before having cryotherapy (freezing with liquid nitrogen) done?

You may try several things on your own to try and get rid of the wart(s). Even if the wart does not go away completely, taking these steps may reduce the number of freezing treatments you need.

1. Every night for 2 weeks, clean the wart with soap and water and put 17% salicylic acid gel (one brand name: Compound W) on it.
2. After putting on the gel, cover the wart with a piece of 40% salicylic acid pad (one brand name: Mediplast). Cut the pad so that it is a little bit bigger than the wart. The pad has a sticky backing that will help it stay on the wart.
3. Leave the pad on the wart for 24 hours. If the area becomes really sore or unusually red, stop using the gel and pad and make an appointment to see your provider.
4. After you take the pad off, clean the area with soap and water, put more gel on the wart and put on another pad. If you are very active during the day and the pad comes off the wart, you can leave the area uncovered during the day and only wear the pad at night.

## What happens if this is not enough?

After 2 weeks of this treatment, your wart will have turned white and will look fluffy. Your provider will then be able to remove the white skin layer covering the wart and use cryosurgery to freeze the base (root) of the wart. If your skin reacts strongly to cold, tell your provider before cryosurgery.

Cryosurgery can be uncomfortable and somewhat numbing for a short period of time. When your provider begins to freeze the wart, it will feel like an ice cube is stuck to your skin. Afterward, you may feel a burning sensation as your skin thaws out.

Healing after cryosurgery usually doesn't take long. You will probably be able to enjoy all your usual activities while it heals, including bathing or showering. **Cryosurgery leaves little or no scar but after the area has healed, the treated skin may be a bit lighter in color than the skin around it.**

## CONSENT FOR FREEZING A WART

I have read the information above and give consent to the Azusa Pacific University Student Health Center to apply liquid nitrogen to my warts.

\_\_\_\_\_ (signature)

\_\_\_\_\_ (printed name) \_\_\_\_\_ (date)