CRYOSURGERY

Cryosurgery is freezing tissue to destroy abnormal cells or growths. Most often, we use cryosurgery to treat the cervix when you have an abnormal Pap test. It is also used to treat skin growths anywhere, but we use it particularly on the vagina and vulva.

Cryosurgery does not require anesthesia and only takes a few minutes to perform in the office.

CERVIX and VAGINA

WHAT TO EXPECT

Before the procedure:

You will be able to return to work/school the same day. You will be able to drive yourself after the procedure. Please take 600 mg. Ibuprofen about an hour before your appointment.

During the procedure:

The cervix is touched with a sterilized "tip" matched to the size and shape of your cervix. The freezing cycle is activated for 2 minutes, stopped to allow the tissue to warm up again for 10-15 minutes, and then the freezing is repeated.

You usually feel cramps similar to those you may have with your period. During the thawing cycle, you may feel a hot flush.

After the procedure:

expect some mild cramps for a day or two. Expect a very heavy, watery discharge that may be clear, yellow, pink, red or brown, and that requires use of a mini-pad changed several times a day. The discharge typically lasts three weeks. Do not use a tampon, douche or have sex for two weeks after the procedure. Your first period after cryosurgery may be heavier and more crampy than usual. Use 600 mg. of Ibuprofen every 6 hours as needed for cramps FOLLOW-UP:

You will need a pap test three months, six months and one year after the cryosurgery. About 85% of abnormal Paps return to normal after one cryosurgery treatment. In 15% of cases it may be necessary to re-treat with cryosurgery or use a different method of treatment such as LEEP.

VULVA AND OTHER AREAS

Typically cryosurgery in these areas is used to remove a visible growth or lesion.

WHAT TO EXPECT

During:

Your skin will be touched with a sterile "tip" which is activated to freeze the tissue. Usually you feel an intense stinging sensation during freezing, but no anesthesia is required and the stinging subsides quickly.

Afterwards:

The skin may form a water blister and then gradually the area will dry up and heal. If desired, you may cover the area with band-aid and/or use Neosporin until the area is totally healed. There may be some scarring in the area that has been treated. In a small number of patients, re-treatment may be needed if the lesion is not totally gone.