

# SKIN TAG/LESION CRYOTHERAPY

## Treatment Information

### BEFORE SKIN TAG/LESION CRYOTHERAPY

- Review the skin tag/lesion with your family doctor, a dermatologist, or a plastic surgeon to ensure it is not concerning. This consult is important because some lesions can be cancerous. If it is of concern, then an excision is the better course of treatment, as this cryotherapy treatment will not produce pathology (lab) results.
- Clear your schedule of any special events. It is possible your lesion may appear darker, scabbed, or lighter for 3 or more weeks.
- 14 days before, avoid anything that causes skin irritation (i.e.. chemical peels, microdermabrasion, laser treatments, etc.) Reschedule if you feel unwell including a fever, cold sore, rash, etc (from a vaccine or common viruses).
- Avoid sun exposure, sunless tanning lotions and/or tanning beds for at least 7 days prior to treatment.

### DURING SKIN TAG/LESION CRYOTHERAPY

- Lesions are treated by our doctor, medical aestheticians, or nurses by applying an extremely precise flow of nitrous oxide directly to the area. This is a cosmetic treatment which comes with a fee.
- You will feel a rapid drop of temperature (thermal shock) to the lesion lasting about 3-45 seconds. Generally there is no discomfort during these first few seconds.
- After this first freezing cycle, we wait 30 seconds, then follow with a second freezing cycle.
- Once the freezing effect reaches the deepest part of the lesion, there may be a slight sting and you may feel that for a few hours after the treatment.
- A blister will often form, raise, and become itchy – this is normal and a sign of a successful treatment.

### AFTER SKIN TAG/LESION CRYOTHERAPY

- Although cryotherapy is a relatively low-risk procedure, some side effects include, but are not limited to, permanent changes to pigmentation including hyperpigmentation (darkening) or hypopigmentation (lightening) that may last a few months or longer, blistering (for 1-2 days), discomfort, pain, redness, swelling, bleeding, infection, cartilage defect (nose/ear), conjunctival ectopy (eyelid), milia, depressed or raised scars.
- Rare but more serious side effects include sensory impairment to nerves, particularly in areas where nerves are closer to the surface of the skin (fingers/wrist/behind ear) and these effects disappear usually within several months, or hair loss – hair follicles are easily damaged by cryosurgery and permanent hair loss to an area treated is not uncommon.
- Before leaving the clinic, book a 3-week follow-up and set up your next appointment for 2nd treatment (if necessary).
- Avoid picking, touching, or washing the area for the rest of the treatment day. Do not apply makeup, lotions, deodorants, etc. over the area until the lesion has scabbed and sloughed (or risk infection).
- If you must put something on to soothe it, then aloe is recommended.
- Band-Aids may be applied in areas of irritation (where your clothes are rubbing the treated area), but do not choose Band-Aids with adhesive all the way around. We want it to dry up, so try and let it breathe!
- For 1-2 days after the treatment, avoid strenuous exercise if it may cause friction to the area, exposure to sun or any UV radiation, high heat environments (e.g., sauna, steam room, tanning beds, hot showers) or risk worsening swelling and discomfort.

- You MUST wear sunscreen until the scab or dry area has sloughed off. As always, we recommend you continue to wear sunscreen daily to protect your investment and prevent sun damage.
- Call us with any questions or concerns you may have.

# SKIN TAG/LESION CRYOTHERAPY

Consent Form

**CLIENT'S FULL NAME:** \_\_\_\_\_

**FAMILY PHYSICIAN/WALK-IN DOCTOR/SPECIALIST:** \_\_\_\_\_

A physician has reviewed this lesion, and they believe it to be benign. It is not a new growth; it is a stable lesion that has not been itching, crusting, or evolving over time.

**CLIENT'S INITIALS:** \_\_\_\_\_

- I confirm that the nature, benefits, risks, consequences and alternatives of the skin tag/cherry angioma/lesion cryotherapy removal procedure and related matters have been explained to me.
  - I am satisfied with and understand the information that has been given, and I consent to the cryotherapy removal procedure. The Freezpen is a medical device for the non-invasive cryogenic treatment of benign skin lesions.
  - Dr. Trevor Brooks, the nurse, or certified aesthetician I am seeing will perform this procedure with the assistance of any other healthcare practitioners including (at times) med students, residents, and others in training.
  - I understand that I may, at any time, withdraw consent to this procedure or any other related matter, but withdrawing during the middle of a treatment may have undesirable consequences.
  - I understand that the procedure performed is between myself and the healthcare practitioner or certified aesthetician who is treating me and I will direct all questions or concerns to them first. If there is an urgent/emergent problem after I have left the clinic, I will call during office hours to seek treatment. I understand that Dr. Brooks' office is not open 24 hours. If I cannot reach someone at the clinic, I will seek out a walk-in clinic or emergency room and will contact Dr. Brooks' staff to inform them of the situation once it is under control.
  - I understand that following aftercare instructions & attending follow up appointments are important.
- I was quoted \$\_\_\_\_\_ for treatment of the following lesion(s) and approximately \_\_\_ treatments are needed.
- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

**CLIENT'S PRINTED NAME:** \_\_\_\_\_

**CLIENT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

I have explained the details of the procedure to the person providing consent. In my opinion, this person understands the nature, benefits, risks, consequences, and alternatives. The patient was provided an opportunity to have all questions answered. The patient understands they are to contact my office should they have any non-emergent questions/concerns after this procedure.

**HEALTH CARE PRACTITIONER/CERTIFIED AESTHETICIAN SIGNATURE:**

\_\_\_\_\_

**DATE:** \_\_\_\_\_